THE DEPUTY CHAIRMAN: He cannot reply like that. You know-very well. *(.Interruptions)* I will find out. I will talk to him and let you know... *(.Interruptions)*

SHRIMATI BIJOYA CHAKRAVARTY: Madam, Gen. Ajay Singh made a remark against the President. Through your permission, I want to read it.

THE DEPUTY CHAIRMAN: You cannot read the whole story. That matter is over. Please take your seat.

SHRIMATI BIJOYA CHAKRA-VARTY: Can an Army officer make a remark against the President, who is the Supreme Commander of the Armed Forces?

THE DEPUTY CHAIRMAN: That matter is closed. Please take your seat.

SHRIMATI BIJOYA CHAKRAVARTY; It is a serious allegation. *(Interruptions)* It is a remark by an Army Officer.

THE DEPUTY CHAIRMAN: Mrs. Chakravarty, please take your seat. Somebody has already started talking. Yes, Dr. Jain. *(Interruptions)* You cannot read the whole thing.

SHRIMATI BIJOYA CHAKRAVARTY: I will take just one minute.

AN HON. MEMBER: Allow her...

THE DEPUTY CHAIRMAN: She cannot go on like this. We cannot allow, There is no rule of such *pairavi* on the wrong things in this House. You are a senior Member... (Interruptions)

SHRIMATI BIJOYA CHAKRAVARTY; It is a recorded Statement of an Army officer against the President.

THE DEPUTY" CHAIRMAN: You cannot read a statement. Please take your seat.

SHRIMATI BIJOYA CHAKRAVARTY: He made the remark against the Supreme Commander of the Armed Forces.

THE DEPUTY CHAIRMAN; I say, I cannot permit you anything any more. So, please take your seat.

SHRIMATI BIJOYA CHAKRAVARTY: I want the comments of the Home Minister...

THE DEPUTY CHAIRMAN: Please take your seat. This is my request. Yes, Dr. Jain.

CALLING ATTENTION TO A MATTER OF URGENT PUBLIC IMPORTANCE

Continuing strike by Service Doctods all over the country and steps taken by Government to remedy the situation

DR. JINENDRA KUMAR JAIN (Madhya Pradesh): Madam, I beg to call the attention' of the Minister of Health and Family Welfare to the continuing strike by the Service doctors all over the country and steps taken by Government to remedy the situation. I wish that h_e gets up and makes a statement and then listen to the Members here.

THE DEPUTY CHAIRMAN: Even if you do not wish, he will make it because it was his own wish to have a Calling Attention.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAE): Madam, in response to the Call Attention . given by hon. Member, Dr. Jinendra Kumar Jain and other hon. Members mentioned in the List of Business today, I beg to make the following statement:

The Government shares the deep concern of the House on the indefinite strike by a section of service doctors with effect from the"

mdnight of 11-12 November, 1991 and the inconvenience caused to the patients as a consequence thereof.

This strike is in response to a call given by the Joint Action Council of the Service Doctors Organisations (JACSDO) . The Government had signed a Memorandum of Settlement (MOS) with JACSDO on 21-8-1989 in full and final settlement of all demands of the service doctors as on date. One of the clauses of this MOS related to the appointment of a High Power Committee to look into various aspects of the structure of the Central Health Service, career development of doctors and other related matters. In pursuance of this agreement, the Government constituted a committee under the chairmanship of Shri R. K.- Tikku, Secretary (Coordination) in the Cabinet Secretariat on 3rd May, 1990. The Committee gave its report on 1-11-1990. The JACSDO has been pressing the Government for early implementation of the recommendations of this Committee. They had also filed a petition in the Supreme Court for the same purpose. The Supreme Court on the 3rd September, 1991 allowed the Government two months' time to take decisions on the recommendations of this Committee. Soon after on 16-9-91, the JACSDO gave a notice of indefinite strike with effect from the midnight of 11-12 November, 1991, if the recommendations of the Tikku Committee were not implemented by the Government in toto. However, on 7-10-1991, the JACSDO informed the Government that they would proceed on indefinite lightning strike within 72 hours if the Government in any way diluted or modified the recommendations of the Tikku Committee. When the matter came up before the Supreme Court on 11th November, 1991, the Court was informed that all the recommendations of the Tikku Committee had been duly considered and appropriate decisions taken by the Government. However, the Court was requested to permit withholding of the announcement of these decisions as the Government would not like to grant any concessions under the threat of a strike. The Supreme Court, while disapproving the conduct of the JACSDO directed, the Government to place the decisions taken on the Tikku Committee report before the Court prior to the next date of hearing on 18-11-1991. In compliance of this directive of the Court, the Government announced its decisions on 14-11-1991 which are contained in the Office Memorandum of that date, a copy of which is attached. Annexure. (See below)

Despite the Court's observations, the JACSDO implemented their call for indefinite strike from the midnight of 11-12 November, 1991. Although the JACSDO clanms to de-present oil the sections of the doctors, the specialists, medical college teachers and resident doctors did not join the strike. However, a large majority of the General Duty Mtedicai Officers (GDMOs) of the Central Health Services as well as those in MGD, NDMC, ESIC and the Railwyas have responded to the strike call. The major Centrai Government | Delhi Administration institutions viz. Safdarjung Hospital, Dr. Ram Manohar[1] Lohia Hospital, Lady Hardinge Medical College and associate hospitals, Maulana Azad Medical College and associate hospital, University College of Medical Sciences and Guru Teg Bahadur Hospital and Jawaharlal Institute of Medical Education and Research, Pondicherry remain virtually unaffected by the strike and are functioning normally. This has been made possible due to the exceptional devotion to duty displayed by medical college teachers, Specialists and resident doctors who have not only declined to join tfie strike but have .shouldered the extra burden ungrudgingly and I

[Shri M. L. Fotedar] would like the House to join me in conveying our deep appreciation to them. However, certain Deihi Administration hospitals which have large component of GDMOs like Hindu Rao Hospital and Deen Dayal Upadhyaya Hospital have been partially affected. The major impact of the strike has been on dispensaries not only of the CGHS but also Delhi Administration, MGD and NDMC. The medical institutions of the Railways and Employees State Insurance Corporation have alsn bien affected by the strike. With regard to CGHS, arrangements have been made to run the dispensaries in Delhi at least for one shift and instructions have been issued to facilitate dispensing of medicines to minimise the inconvenience to the beneficiaries.

Any attempt to disrupt the functioning of medical institutions is unacceptable and more particularly so, when this is sought to be done by senior officers belonging to the highest category of civil service. It is quite understandable that the striking doctors have been demanding emoluments aid status at par with the highest civil services of the country. However, it is only legitimate to expect that they will also show responsibility and maturity in their conduct in keeping with their aspirations. Further, there . was really no occasion for the JACSDO to have given a notice for strike on 16th September, 1991, when the Government had committed to the Supreme Court on the 3rd September, 1991 to announce its decisions on the recommendations of the Tikku Committee within a period of two months. This strike notice on 16th September, 1991 could not have any purpose other than to exert pressure on the Government, while it was engaged in examining their . demands. Hon'ble Members will kindly appreciate that while the Government should examine such matters with an open mind and should be amenable to pursuasion, it cannot permit itself to be pressurised by any section of its employees. Moreover, the decision to proceed on a indefinite strnke from the midnight of 11-12 November, 1991 was also premature and totally unjustified as the Government had already informed the Supreme Court that all recommendations of the Tikku Committee had been duly considered and appropriate decisions taken and when the Supreme Court being seized of the matter was prepared to examine the same on merits and in accordance with the law. The appropriate and reasonable course for JACSDO would have been to await the announcement of the Government's package and thereafter to represent if any of their legitimate grievances remained unredressed.

Coming to the demands of the striking doctors, they are seeking Government's commitment to the implementation of Tikku Committee report in toto. This demand is patently untenable as n_0 Government can abdicate its right to examine and make appropriate judgements on the recommendations of such a Committee regardless of its nature and eomposi. tion. It is also being made out by the striking doctors that the package announced by the Government on 14th November, 1991 does not significantly improve the career prospects of service doctors. This is indeed far from the truth. To cite only a few examples, the number of posts in the higher administrative grade (equivalent to Addl. Secretary to the Gov. ernment of India), has been doubled from the existing 6 to 12. Further, 69 additional posts in the stnior administrative grade (equivalent to Joint Secretary) have been provided to improve promotion prospects in respect of Specialists and medical teachers. All medical teachers and Specialists will get two time bound promotions' in a period ef 8 years regardless of availability of vacan.

cies subject to satisfactory per formance. Similarly, 2 time bound promotions would also be avail able to GDMOs in a period of 10 years without linkage to vacancies. Further GDMOs would also be en titled to Selection Grade on a per. sonal basis subject to availability of posts calculated on the basis of 15 per cent of senior duty posts n cadre . It would thus be seen that the package already announced is not only just and equitable but also quite generous and it would provide substantially improved promotional opportunities to servict doctors of all categories. I sincererely hope that the striking doc tors will see the futility and unreason ableness of their agitation, which is causing great hardship to needy poti- ent.

However, there may be areas : where the doctors are not satisfied with the announcements already ; made. The doctors are not only my colleagues in the Health Ministry but also high respected citizens engaged in the noblest of professions—that of alleviating human suffering. There can be no ques- tion of the Government being unmindful of their concerns. Once the striking doctors return to work, I am personally willing to consider all their legitimate grievances with an open mind.

In the present context, Rudyard [1] Kipling's advice to the doctors is ex- , tremely relevant:—

"The world has long ago decided that you have no working hours that anybody is bound to respect; i that nothing but extreme bodily ill. ness will excuse you in its eyes from refusing to help a man who thinks he may need your help at any hour of the day or night. That in all times of flood, fire famine, plague, pestilence, battle, murder or sudden death, it will be required of you that you report for duty, go on duty at once and remain on duty, until your strength fails you or your conscience relieves you, whichever may be the longer period,"

Annexure

No. A. 45013/13/80-CHS-V

Government of India Ministry of Health & F.W. New Delhi, November 14th, 1991

OFFICE MEMORANDUM SUBJECT:— Recommendations of the High Power Committee (Tikku Committee) on service doctors decision thereon.

A Committee had been set up under the Chairmanship of Shri R. K. Tikku, Secretary (Coordination) *in* the Cabinet Secretariat of the Government of India, to look into all aspects of career improvement and cadre restructuring of the doctors of the Central Health Service. The Committee has since submitted its Report. The various recommendations contained in the Report have been carefully considered and the Government of India have taken the follow- ing decisions:—

(1) Two additional posts of Additional Directors General of Health Services (Rs. 7300.7600) shall be created by upgrading two of the existing common Senior Administrative Grade posts (Rs. 5900-6700). Appointment to these additional posts of Additional Directors General will be made on the same lines as the existing posts of Additional Directors General.

(2) Four additional posts in the scale of Rs. 7300-7600 shall be operated under Rule 4 (9) of the Central Health Service Rules, 1982, by upgradation of 4 posts in the Siipertime scale of Rs. 5900-6700.

(3) 34 additional posts of Director-Professors (Rs. 5900-6700) shaP be created in the Teaching Specialists Sub-Cadre of the Central Health Service by upgrading an equivalent number of posts of Professors (Rs. 4500-5700) on floating basis.

(4) 35 additional posts of Consultants (Rs. 5900-6700) shall be created in the Non-teaching Specialists Sub-cadre of the Central Health

Service by upgrading an. equivalent

[Shri M. L. Fotedar]

number of posts of Specialists Grade I (Rs. 4500-5700) on floating basis.

(5) The distinction between the Non Functional Selection Grade (Rs. 4500-5700) and Functional Grade (Rs. 4500-5700) will be eli minated in the Central Health Ser vice. All Associate Professors in Non-Functional Selection Grade (Rs. 4500.5700) shall be designated as Professors from 1-12.1991. All Specialists Grade II officers (Non-teaching and Public Health Sub-Cadres) in the Non Functional Selection Grade (Rs. 4500-5700) shall be designated as Specialists Grade I w.e.f. 1-12-1991.

(6) All Professor$_s$ (Rs. 4500-5700) and Specialists Grade I offi cers Non-teaching and Public Health Sub-cadres) will be eligible for consideration for promo tion to the Senior Administra tive Grade level posts (Rs. 5900-6700) subject to availability of va cancies, provided they have com pleted at least 3 years of regular service tn the scale of Rs. 4500.5700 irrespective of whether the said service was performed in the Func tional Grade or Non-functional Grade o*f Rs. 4500-5700. The Asso ciate Professors and Specialists Grade II officers presently in the Non-functional Selection Grade and to be designated as Professors and Specialists Grade I officers respec tively from 1-12-1991, shall en mase be placed below the existing Pro fessors and Specialists Grade I offi cers (respectively for the purpose of preparing eligibility lists for consideration for promotion to Se nior Administrative Grade level posts (Rs. 5900.6700).

(7) As in the case of Teaching Sub-cadre, so also in the Sub-Cadres o'f Non-teaching Specialists and Public Health Specialists, the minimum essential qualification for recruitment as Specialist Grade II officers (Rs. 3000-5000) shall *inter alia,* be a postgraduate degree with three years' experience after ob taining the postgraduatt degree, or postgraduate diploma with five years experience after obtaining the postgraduate diploma. All Specialists Grade II officers, recruited in accordance with the modified Recruitment Rules as mentioned above, shall be promoted to the scale of Rs. 3700-5000 on completion of 2 years of service in the scale of Rs. 3000.5000, subject toseniority-cum. fitness.

(8) Recruitment to the posts belonging to Super-Specialists[1], for which the essential minimum qualification is, *inter-alia,* DM! or MCH or equivalent, shall be made in the scale of Rs. 3700-5000 in the Teach. ing/Non-teaching Specialists Sub-csdres.

(9) In all the three Sub-cadres, (Teaching, Non.teaching, and Public Health), officers with 6 years ser. vice in the scale of Rs. 3700-5000 or total 8 years service in the scales Rs. 3000-5000 and 3700-5000, shall be plnced in the scale of Rs. 4500-5700 according to existing guide-lines (which inter-alia, provide for overall good performance and at least two "very good" assessment during the preceding 5 years). On such placement the scale of Rs. 4500-5700, the Associate Professors will stand designated as Professors, and the Specialists Grade II officers (Non-teaching and Public Health) shall stand designated as Specialists Grade I officers.

(10) The Senior Medical Officers (Rs. 3000-4500) will be promoted as Chief Medical Officers (Rs. 3700-5000) On completion of six years of regular service as Senior Medical Officers or on completion of ten years of combined regular service as Medical Officers and Senior Me dical Officers of which atleast two years shall be as Senior Medical Officers on the basis of seniority. cum-fitness subject to their clearing the bench mark of Good conduct with no zone of selection and with out linkage to vacancies. The pro motions shall be *in situ* and person al to the officers promoted. Inciden tally this will provide a second time-bound promotion to General

Duty Medical Officers, as the first time-bound promotion from the level of Medical Officers Rs. 2200 to the level of Senior Medical Officers (Rs. 3000-4500) of the completion of 4 years of service, on seniority-cum-fitness basis, has already been implemented. As at present, the placement of Chief Medical Officers in the Grade Rs. 4500-5700 to the extent *dt* 15 per cent of all the senior duty posts of General Duty Medical Officers Sub-Cadre, on the basis of the existing guidelines (overall good performance with at least two "very good" assessment during the preceding 5 years) will continue. Chief Medical Officers in the scale of Rs. 4500-5700 with 5 years service in the scale of Rs. 4500-5700, or total 17 years of Group A service will continue to be eligible for promotion to the Senior Administrative Grade level posts (Rs. 9900-6700), subject to availability of vacancies.

(11) All the posts occupied by the Medical Officers/Senior Medical Officers/Chief Medical Officers/Su-pertime Grade Officers of the General Duty Medical Officers Sub-cadre of the Central Health Service in the various hospitals and teaching and other institutions, where the functions to be performed are predominantly of specialised nature normally required to be performed by Specialist doctors, shall be converted into Specialists posts, which shall be filled as per the existing provisions in the recruitment rules for Specialists. From the General Duty Medical Officers Sub.cadre, posts equal to the number of Medical Officers|Senior Medical Officers! Chief Medical Officers/Super Time Grade Officers posts that would be abolished. The conversion of such posts of the General Duty Medical Officers Sub-cadre in the hospitals and teaching and other institutions to those of Specialists posts will open up opportunities for qualified officers belonging to the General Duty Medical Officers Sub-cadre to enter the Specialists Sub-cadres through open competition.

(12) Direct recruitment at the level of Rs. 4500.5700 as well as Rs. 3700.5000 can be made depending on the identification of the posts.

(13) The benefit of added years of service available under Rule 30 of the Central Civil Services (Pensions) Rules 1972 shall be available for all the numbers of the Central Health Service.

(14) The feasibiEty of transferring any part of the work relating to Cadre Management of the Central Health Service to the Directorate General of Health Services and providing more training facilities to the Member of the Central Health Service shall be examined by the Ministry of Health and Family Welfare.

(15) The Ministry of Railways, the Ministry of Defence, and other organisation shall separately process proposals for restructuring the Cadre and providing greater avenues of promotion in the light of decisions taken for the Central Health Service Cadre by the Government.

(16) The question of increasing the age of superannuation for doctors from 58 to 60 years is deferred for more detailed examination by the Department of Personnel arid T:aiding regarding its implications and repercussions.

(17) The Department of Personnel and Training (AH lndia Services Division) shall examine, in due course, the question of formation of an All India Medical and Health Service in consultation with the State Governments.

The Govemment after careful con-sideration of all aspects have not found it possible to accept other recommendations of the High Powered Committee.

The amendments to the Central Health Service Rules, 1982, whatever necessary, consequent upon the above decisions, shall issue in due course.

Sd/-(9. HARIHARAN) DY. SECY. to the Govt, of India Tel. No. 3014495!

Dr. JINEKDRA KUMAR JAIN: I thank you for giving me the opportunity to call the attention of the hon. Minister of Health and Family Welfare to this matter of urgent public importance, that is, the country-wide strike of the doctors, resulting in disruption of medical services in hospitals and dispensaries being run by the Central Government. 1 am sorry that out of all the issues which are being dealt with by this Ministry, I am forced to raise this particular issue in preference to other subjects which I have always considered to be more important. This Ministry has a track record of dismal failure on all the fronts, be it population control, be it the question of providing minimum primary health care facilities in our villages and tribal areas. Madam, there are as many as 90 districts in our country which even today have a crude birth rate of 40 pe} thousand while—the Health Minister would tell you—the national goal he has set before the country is half of this. Infant mortality rates, maternal morality rates and all other indices of health indicate that we are one of the worst performing countries in the world. You take any parameter of the performance of a iMinistry and this Ministry would stand at the bottom. We all know that this Ministry has failed the nation, the Purinmen- and the aspirations of the peop-e on the modicr>J education front and on the medical research front. We all know that 80 per cent of the people who are living in the rural areas do not have even primary health care facilities. You have concentrated all your efforts in hospitals, dispensaries trying to take care or a miniscule population and this skeleton service that you are trying to run for a small population. even that stands paralysed today and that is the urgency. That is why I and 40 other Members of this House decided to call the Health Minister to this House to listen to the problems of the citizens of this country.

Madam, this is mnot an ordinary Calling Attention Motion, I am sure, the Health Minister would have seen that this motion has been signed by as many as 40 Members of this House and if he had read the names, he would appreciate that the Members do not belong to one party; they belong to his own party—the Congress (I), BJP, Janta Dal, CPI, CPI((M), SJP, Telugu Desam, DMK, AIADMK, AGP and even nominated Members of Parliament. Members from all sections, all the parties have put their signatures on this and considering the names, considering the large concern of the people, it should have awakened him from his slumber. But, even then it is strange to see that in spite of the calls being given by such a large number of his colleagues in the Rajya Sabha, the Minister continues to stick to a blatantly wrong position, and he says that he shall not talk and none of his officers will talk to the striking doctors. Does he forget that this hon. Member o'f the Cabinet of this Government is a Member of that Government which does not hesitate to talk to the terrorists and the militants in Punjab? They openly invite the secessionists and agents of foreign powers is Kashmir. They openly invite for dialogues, the anti-nationals, the anti-human nd secessionist forces indulging in violence in Assam. You are willing to talk to all these people who are breaking the law. But you are not willing to talk to the doctors, the highly educated, skilled youth of this nation.

SHRI N. K. P. SALVE (Maharashtra)- I don't like to interrupt...

THE DEPUTY CHAIRMAN; Will he yield to the interruption?

DR. JINENDRA KUMAR JAIN: He should not. He is a senior Member. I am making a point.

THE DEPUTY CHAIRMAN: A senior Member is making some serious comment. He is a very senior Member. That is why, I am allowing him.

SHRI N. K. P. SALVE; I am a signatory. I sympathise with the cause. It is a very serious matter being discussed. ..

THE DEPUTY CHAIRMAN: Please, order,

SHRI N. P. K. SALVE: I would only urge upon the hon. Member who is initiating this Calling Attention to come straight away to th\e matters involved in this issue and those arising out of the answer given by the Health Minister. If he comes straight to the issue instead of running down the Ministry and the Government, it will be better. Otherwise, no purpose will be served. You are only diluting the cause. Kindly do it in an effective manner so that We are able to properly understand and participate. This is all- I did not want to interrupt. *(Interruptions).*

DR. JINENDRA KUMAR JAIN; Madam, I was trying to point out that the Health Minister has taken a patently false position. While he is willing to talk to the terrorists organisations and anti-national elements, he is not willing to open a dialogue with the striking doctors, which is his primary duty and which he should have done on the very first day of the strike. To save the suffering people, he should have opened a dialogue, established a communication, with the striking doctors. Mr. Makhan Lai Fotedar is a Member of this House. *(Interruptions')*. He is a dear friend of mine. Generally, he is a wise person. *(Interruptions)* But he has allowed himself to be misled and to mislead the House. I will just point out how he has tried to mislead tha House by this statement which he has made on the floor of the House just now.

The Government has sought to project this strike as an evidence of indifference and heartlessness on the part of the doctors, and to suggest that services in Government hospitals across the country have not been affected. The position is quite wrong. Tn the first instance, this is not a wild cat strike, decided on the spur of the moment, by people who do not care about the welfare of others or of the country. The personnel who are on strike are highly educated professionals who have been given a raw deal despite years of assurances, agreements, committees and negotiations. Over five years of delaying tactics and negotiations with nine Health Ministers over the entire period, have produced no substantial results for them.

Let the Health Minister deny—let him say whether it; ~ true or not—that before going on strike, they sent as many as three letters to the Prime Minister of the country, hon. Shri P. V. Narasimha Rao. Let the Health Minister deny the fact that they submitted memoranda, reminders, representations and petitions concerning the on-going dialogue which has been pending for years. A close look at their grievances will reveal that they have sufficient cause for complaint and that the Government has failed to hear them out in the normal course of events.

I, myself, on several occasions, have raised this issue. Whenever I raised the issue, I have obtained assurances from the then Health Ministers. But assurances made on the floor of the House by successive Health Ministers pertaining to the service conditions of the doctors have not been implemented. Today, you are trying t_0 tell us that you have dome everything that was to be done, that only the doctors are responsible and that they are doing things which they should not do.

The first ever strike by the service doctors took place in 1987. There were negotiations. There was a memorandum of settlement and the doctors went back t_0 work, resumed their duties. What happened between 1987 and 1991? Hardly anything. If you want to give the message that unless the doctors go on strike, you will not do anything, it is a wrong practice. I would like to make a request to my friend. I would like to appeal to the Health Minister. He should ^{no}t resort to such a practice. This is not a healthy practice. Their problem should be gone into even when they are at work. But you have laid down a tradition that only when they *go* on strike, you will listen to them.

The Government has sought to dismiss the strike on the ground that

[Shri Jinendra Kumar Jain]

Government hospitals in the Capital remained unaffected by the strike. It is not simply true. More than 8000 doctors are on strike and if you can still run the services without them, do you want to say that they are not required? Are you that much overstaffed? You have named 4-5 hospitals in Delhi and said that the hospitals are running all right, but don't you know that a total of about 250 hospitals and 1000 dispensaries, polyclinics and medical centres, are paralysed? Why did you name only these 4-5 hospitals? Even that claim is not true. You have tried to mislead the House. You have not named other 250 hospitals, 1000 dispensaries which stand paralysed. Our concern is not only Delhi. Ours is a national Parliament. People from remote areas are coming to Government run hospitals but they are not being given any medical care toady.

Madam, this Tikku Committee was set up as a part of a negotiated settlement. Its terms of reference were very specific and they made their recommendation on this. There is no need to set up another committee to examine the recommendations of the Tikku Committee. A case is being made that Doctors are asking for more money while Government has no money to give. He has not said so, but outside a propaganda is on that the doctors are selfish, for the sake of getting some money they are not willing to listen to the sufferings of the patients. Madam; before coming to this House, I can tell the hon. Health Minister, being a responsible Member of Parliament and being a Member on the •Consultative Committee of the Health Ministry I approaches the doctors, t pleaded with them that we will -plead for you but in the meantime please" go back to work. And their reply was," if we went back to the work, nobody would listen to us. It was because of the inefficiency of the Health Mnister "that the patients were suffering

About- the involvement of money T came *te* know that it was only Rs.. 3 crore and if we break the figure, the amount comes to about Rs. 5 per day per doctor, it is not more than that. I asked the doctors to forget about the enhancement for the sake of the suffering humanity, for the sake of the country. Their reply was that they could agree not to have this enhancement in salary for any number of years if the Parliament told them that it was for one or two or three years or that it had to be given to any fund. They said, it was not the question of money, it was the question of getting justice, a cadre status to a Central Health Service. Just now the hon. Health Minister said that this category of doctors belongs to the highest service. This is a Group A service. Madam, there are other Group A services. We have a cadre for all the Services. We have an IAS, IFS, Indian Forest Service, Indian Accounts and Audit Service, Indian Revenue Service, Indian Information Service, Indian Railway Service, Indian Economic Service. We have all kinds of Services in the Central Government in Group A. What is your problem? Why don't you have an Indian Medical Service and have a cadre for that? In other Services people do not go on strike, there are set rules for them. Here in this Ministry, ever since its formation. even since the CGHS started, nobody has thought of solving their problem on a permanent basis. People thought, Ministers came, decisions were taken but there has been no implementation. A time has now come when we should not take *ad hoc* decisions. The problem should be- solved for ever.

I will not read out the terms of reference of the Tikku Committee but one of the references was precisely for a cadre review. Madam, as you have belled once, I do riot want to read the entire terms of reference.

THE DEPUTY CHAIRMAN: I did not bell, I rang the bell. I do not want to bell you.

DR. JINENDRA KUMAR JAIN: Thank you. Madam, the terms of reference of the-Tikku Committee were very clear, but i -want to know •

from the hon. Health Minister, has he implemented? He says they have implemented some of the recommendations of the Tikku Committee. No, the essence of the Tikku Committee report is not hanging around money. It is hanging around a principle, and the principle is, make a cadre. This Committee was a comprehensive committee. This took the views of the Department of Personnel, the Ministry of Health and their Specialists and various Health Services. After a strike, so many working people, intelligent people educated people, come to a settlement, but here does it not speak badly of the credibility of the Government that it keeps indulging in such self-defeating exercises to cheat its own people whom it expects to serve the suffering patients?

Now, various things are being said. Instead of trying to solve the problem, I am sorry to say, the Government is indulging in the practice of trying to divide and rule. This memorandum of 14th November is such an effort. They have given benefits to a section, leaving behind a large section, and even that section has not been given what is due. Madam, once this cadre is reviewed, there are "certain categories of teaching doctors and they need to be given something. What should be the standards for giving pay scales to the teaching doctors? Don't we have an All-India Institute of Medical Sciences, don't we have the preamble to create the All India Institute of Medical Sciences, dont we Have the objectives set—for what objectives the All-India Institute of Medical Sciences was established? It Was created as an institution to become" a model of medical education. There is a pattern available for the teachers and specialists 'who are serving -the All-India Institute of Medical Sciences. Implement that scale for all the people who are teachers in the Central Health Services: Then there will not be any strikes. Once for all tho problems will be solved. After sll the All-India Institute of Medical Sciences is a Centrally-run: Centrally-administered institution. The JIFMER at Pondicherry. Maulana Azad! Lady Hardinge and Safdarjahg are also similar, Centrally-run institutions. Why do you want to create two kinds of classes—an elite class and another class? And this policy of divide and rule is a bad policy.

Madam, the Minister has tried to mislead the House. Referring to the Supreme Court, the Minister has said that the doctors are not listening to the Supreme Court. Madam, I have with me not many but three decisions of the Supreme Court here in my hand, and let me prove the point as to how wrong the Minister was to furnish the information on the floor of the House. Here I have an order of the Supreme Court dated 26.9.91. It has been given by the Bench and it observes that learned additional Solicitor-General for the Government has asked for more time. The Supreme Court has observed, "We fail to under stand how such a request cculd be entertained". On this the Supremye Court has observed, "We fail to understand how such a request could be entertained." On this the Supreme Court directed that "at the next hearing the Secretary, Health Department of the Government .. of , India, will remain present in this Court." This is not an ordinary direction. The Supreme Court was driven, to a point to give such a. direction . because the Health Ministry . was not listening to the Supreme Court.

Let me further" prove the point. I have another order of the Supreme Court here in my hand. It is "dated 30-1-91 and it says that oh the last occasion, that is, "23-1-91," "we had tieen constrained to impose costs and also directed a copy of the order to be" sent *to* the" "Law" Sectary*." Madam, because the Health Ministry was not willing to listen to the Sup reme- Court, there- is an- order—there is- evidence—-of the Supreme Court that they imposed a penalty of Rs. 500/- on. the Ministry of .Health, compelling them to give the Tikku Committee report, compelling them to tell them what the Ministry was doing about if. "

[Shri Jinendra Kumar Jain] This is not all. I will quote one more judgment. This is dated 6-2-91, another order of the Supreme Court which says that having regard to the urgency of the matter, it appeals to the Government to take an early action. The Government says that the doctors are not willing to listen to the Supreme Court. This is not true. The doctors did not to go the Supreme Court. The doctors became a party later on when they knew that there was a pending petition. This committee of service doctors did not go to the Supreme Court. They be came a party later when they knew that it was something vital to their interests. After all, the Supreme Court is a court. It takes decisions on matters of law. It is not its busi ness to administer the Ministry of Health, Only when the Ministry of Health fails to run its sffah-s and the people who are distressed like the doctors seek redress—here are fhe evidence that the Court has been ask ing the Ministry of Health to co operate—when the Ministry of Health does not *cooperate,* it puts penalty on it. Here the Minister comes and tells us that the Supreme Courtis asking the doctors to go back to work but that they are not listening to it. Tn fact, Madam, the doctors have shown the greatest respect to the Court. The Supreme Court directed the Health Ministry to settle the issue, within two months. If the Ministry had lis tened to the Supreme Court, the doc tors would not have Sone on strike. They went on srike after the two-months period lapsed. So, this is another piece of misleading informa tion given by him .....(Time bell *rings)*

Madam, I have to say mrmy things. Please allow me a few more minutes.

THE DEPUTY CHAIRMAN: I have fifteen more names.

DR. JINENDRA KUMAR JAINs Madam, a few more minutes.

THE DEPUTY CHAIRMAN: Tho rule is that the one who initiates the debate on a Calling Attention, gets fifteen minutes. I think you got more than that.

DR. JINENDRA KUMAR JAIN: Madam, one or two minutes. You are very kind.

Madam, a propaganda is on that the Government is making no discrimination and that the doctors want spe cialists and general duty doctors to get the same thing. A propaganda is on that how the Government can give the GDMOs, the MBBS doctors, the same thing that is given to specialists who are highly trained people.

My own leader in the House. Shri Sikander Bakht, conveyed to me his concern. We are all concerned. After all it is common knowledge that unless somebody isa surgeon,..., *(.Interruptions)*

SHRI DIPEN GHOSH (West Bengal): Perhaps the leader has gone to convince the Minister.

DR. JINENDRA KUMAR JAIN: Madam, I have a document in my hand. It is the Duty Roster, Department of Surgery, Dr. Ram Manohar Lohia Hospital. This document, let the Minister examine. This is the Dutv Roster of Dr. Ram Manohar Lohia Hospital. It shows the dutier of the GDMOs in the Emergence Ward. It means that if there is any surgical emergency, this will be han--died by the Surgical Specialist. I have seen the name of one doctor-Dr. S. S. Murli. Dr. S. S. Murli is ODMO. He is a specialist, he is a M.S. He is performing, discharging *the* duties of a specialist. But hs cannot be given the salary, the promotion of a surgeon. Why? There is no reasons.

Madam, I would like to conclude to let others also speak.

But, before I conclude, I want to make an appeal. The appeal is to my clear mena, tne hon. Health Minister. Don't indulge in the practice of divide and rule. Be fair. These are the citizens of our country, and they derive better treatment. Be fair to all of them. Give the teachers—you are Tying to give them—more oecause thev deserve more and adequately to those doctors whom you have not given.

I would urge upon the hon. Minister to implement the Tikku Commission Report and create an Indian Medical Service, make a cadre. They have already gone into the details.

I promise you, Madam. I am making this promise after getting an assurance from the doctors. You give an assurance here today. Let Parliament assure the striking doctors now here. They will go back to work in the evening. But what assurance do they want? It is that you decide a time-frame, that within fifteen days you will implement this. You don't want to give them the assurance. You don't want to be specific. You want to give them no time-limit. You only want them to go back in the name of suf-1 P .M. fering humanity. Your concern is not for the suffering humanity. They should forget everything and go back to the work. If he is sincere, let him make a qualified statement; give a time frame that within 15 days he -will settle this issue. I have taken this promise before speaking in this House from the striking doctors that if the Minister fixes up the time-frame of implementing the Tikku Committee Report, they will go back to work now. The solution is within our bands provided they are able to do this.

I would also like to give one more advice to my friend. Ministers come and Ministers go. This has been happening to this Ministry more frequently than other Ministries. This matter has been hanging fire for several years. I have seen nine Ministers. He is only the tenth Minister. A would like to tell him what happens to the people when they are not Ministers. There are past Health Ministers sitting here. He is the present Minister. There are future Health Ministers sitting here. We all should realise what happens to them.

THE DEPUTY CHAIRMAN: Including yourself.

DR. JINENDRA KUMAR JAIN: I have a letter in my hand written by the hon. Member of this House. Shri Rafique Alam, who was hon. Health Minister for some time. In this letter. Mr. Rafique Alam, as a Member of Parliament, wrote a letter to the then Health Minister, Shri Neela-mani Routray saying: "I was the Health Minister in August 1989. I negotiated the settlement..."

SHRI V. NARAYANASAMY 'Pondicherry): Quote his letter.

DR. JINENDRA KUMAR JAIN: This is a photo-copy of the original Setter of Mr. Rafique Alam to the then Health Minister, which says that as Health Minister he had realised that there were genuine problems which the service doctors faced in relation to their service conditions. He goes on to say: "I had personally supervised the negotiates in August 1989. I am clarifying related matters as I feel that justice should be dona to the doctors."

I have another letter.

THE DEPUTY CHAIRMAN: Now. we are not allowing you to read all the letters. There might be umpteen tetters is correspondence. That It tnough.

SHRI M. L. FOTEDAR: X would request you to permit him to apeak as much as he wants.

1KB DEPUTY CHAIRMAN: We have got other Members also to speak.

DR. JINENDRA KUMAR JAIN: I appreciate his gesture, but let him realise that -I speak here not out of his- kindness, but out of my authority to represent the case of the people of this country. So, let him understand his petition and my position when I Sin to warn him; let this not happen to him what had happened to Mr. Shakilur Rahman, who was the Health Minister.

THE DEPUTY CHAIRMAN: Why don't you send all these letters to the Minister?

DR. JINENDRA KUMAR JAIN: He wrote a letter to the Prime Minister because his party-man was the Prime Minister. This is a copy of the letter, written to Shri Chandra Shekhar. In his letter he said:

"Dining my tenure as Health Minister I have initial many steps."

He talked of the Tikku Committee Report concerning the service doc-tors. He says that "the principles laid down by the Tikku Committee should have been treated as final. Instead they have now tried to review the empowered Committee's Report." He writes in this letter that "the Report had been framed under the Chairmanship of Shri R. K. Tikku." It further says that "these recommendations were final." Then the Minister. ..

THE DEPUTY CHAIRMAN: Please conclude.

DR. JINENDRA- KUMAR JAIN; One minute only.

THE DEPUTY CHAIRMAN: According to the rules you have gone beyond it. I have to run This House under certain rules. Otherwise my condition would be as that of the striking doctors. So, please conclude. DR. -JINENDRA KUMAR JAIN: The purpose of my referring to this letter is that there is a very shore time that my 'friend. Mr. Fote at his disposal to do justice and to solve the problems of his Ministry. Others have tome and gone ana I do not want that he should also go with out solving the problems .Mr. Fote-dar made an appeal to the House [l]o send a signal to the doctors. I join him when he said that we should sena clear signals not only to the doctors but. to the Ministry officials also. The signal should be, let him not take shelter behind any poetry. He should get back to business, the business of solving the problems. We ao not want a person to recite potms in this House. We want a Minister here who can solve problems. Problems have been solved by the Committee but the question is only implementa tion. You implement the report. All sections of the House, all parties have made an appeal to you to accept the report so that normalcy is restored. ...*(Interruptions)...!* am not speak ing on behalf of other... *(Interrup tions).* I am closing m submission only by making one point that the problem is not willingness of Mr. Fotedartodb the needful. Madam, ask him, did I not give him a letter three months ago giving a specific example of cor ruption and bungling in a Delhi hos pital? In front of me in his office he has passed an order on that letter saying that within ten days this case of corruption should be gone into and a reply will come to nie. But so far I have not heard anything about it. In the Consultative Committee meet ing of the Health Ministry... *(Inter ruptions)* ...

THE DEPUTY CHAIRMAN: Don't make any reference about the Consultative Committee meeting "here.

DR. JINENDRA KUMAR JAIN : Not in the Committee meeting- but

alter the Committee meeting over, I gave him another ieaer giving a specific instance of corruption, uungiing, etc., in a premier institution of Delhi. He said "Oh! my God, definitely within three days something will be done and you will get a reply." The problem is insensitivity of the administration. The kindness that should prevail in the hearts of those who have been given the powers by the Almighty to serve the cause of the nation is absolutely absent. I request the hon. Health Minister to stop playing games and t*o* do justice to the job which has been assigned to him. Thank you.

SHRI MOHAMMED AFZAL *alias* MEEM AFZAL (Uttar Pradesh): This is the usual practice of not only Mr. Fotedar but every Minister.

THE DEPUTY CHAIRMAN: Mr. Pachouri, did you allow Mr. Dhawan to take your place?

SHRI SURESH PACHOURI (Madhya Pradesh): Yes, Madam.

THE DEPUTY CHAIRMAN: Okay, fine. Mr. Dhawan.

SHRI R. K. DHAWAN (Andhra Pradesh): Madam Deputy Chairman, I am grateful to you for having given me this opportunity to participate in this debate. I am also grateful to Mr. Pachouri for having allowed me to speak in his place because I have to go somewhere.

Madam, I am not going to make a long speech like my friend, Dr. Jain. It is not a question of .scoring debating point. The meaning of the Calling Attention is to draw the attention of the Government to certain prevailing conditions of a particular strike, that is, the doctors' strike. It is very unfortunate that the doctors have gone on strike. The profession which they perform, the noble cause which they espouse and the duties which are ensnrined when they eater ms profession ao not allow termato go on strike. If you ask my view aoout tne strike, I want to say I noid a very strong personal view that it should be made mandatory for the doctors in the service conditions or even when they join the medical profession or when they secure admission in the medical colleges that they will never go on strike as has been done in the case of Armed Forces and the Police Services. There should be a condition that they will not go *on* strike. I think it is the duty of a responsible Government and that of the Congress Government that such a provision should be made so that doctors will not go on strike. If a particular officer joins a particular Service, he will not resign for *20* years. If a person wants to serve the Army he has to give an undertaking that he will not ask for retirement, he will not resign for 20 years or 25 years. Therefore, there should be a similar provision in the medical profession also When a person seeks admission to the medical college. He should give a declaration that he will never go on strike But that does not mean that the Government should not look to their service conditions because doetors are treated, I feel, as representatives of the God. I feel, every person who is suffering thinks of only two things; God and the doctor. He thinks. "God save me; or doctors help me". If a doctor is able to arrive at the scene of an accident or a hospital and attend to the patient, I feel that the patient gets half the relief immediately that he is attended to by a doctor. So, it is very essential that the Government should not close its eyes to their service conditions, to their perks. If a doctor is satisfied that he is getting the requisite salary, he will do better, he will perform better. So it is very essential that the Government should always have an open mind to improve their service conditions. When they look around, they

[Shri R. K. Dhawanj compare theirs with other services. They think they are performing muen harder duties tnan otfters, whether it is the Administrative Service or the Economic Service or any other service. There is no denying the fact that they are performing a very difficult job and they have very long hours of duty. I must say that it is very essential that they get the requisite salary and perks. There is no second thought about it. But going on strike is not the only way to secure that.

The hon. Minister has quoted various figures to say that the strike has not affected the medical service. I am sorry I do not agree with him. Does he mean to suggest that when hundreds and thousands of doctors go on strike, it does not affect the service? Does he mean to say that the patients are getting the nme quality of treatment in the hospitals now as they get when doctors are on regular duty? Perhaps he is not aware how the patients are being treated in the hospitals these days. Patients go there in hundreds and doctors are only one or two in number. You can imagine how the treatment will be. If doctors do not go on strike, the patients would get a better quality of treatment. So, if you feel that the doctors' Strike has not affected the service, it is not true. And he has been dealing with this Government Department and I also have personal knowledge how the figures are arrived at. We all fully know that. My request to him is that he should not depend on figures and should accept the fact that the doctors' strike has affected the service.

Many doctors have met me. They had been meeting me earlier also. 1 do not know whether it is a fact or not, thet have repeatedly said that they fate been requesting the hon. Minister for an appointment for the last two months and if the hon. Minister had given them in appointment, this strike would not have taken place. I am sure this won't tie toe case and if it is so, it is very unfortunate. Howsoever busy the Minister might have been, it was his duty, his bounden duty, to spare some time for them and meet them because they are an amenable category. I have dealt with them earlier also. They are amenable to persuasion. You can talk to them across the table. They have a heart and a mind. They are aware of their duty. So, certainly they would have come to some settlement. Therefore, my only request to the Minister is that when a situation arises like this, please try to diffuse it. Why should we allow them to go to such a situation? Mrs. Gandhi under whom I worked and had training for almost 22 years, always used to have an open mind in all such matters. She always thought that we should never allow a particular category to strike against the wall. If you push a person to the wall, he is left with no alternative but to strike.

SHRI SUKOMAL, SEN (West Bengal) : He has not learnt it from Mrs. Gandhi.

SHRI R. K. DHAWAN: Whether he has learnt it or not, I have learnt much more than you as I bad been part of it.

If the Minister had met them and the strike had not taken place, it would have been very good. But now, the hon. Minister should not make it a prestige issue Who, in the process, are suffering? The patients, the poor people. Hon. Members of Parliament might not be suffering because doctors will attend to them. Rich people might not be suffering. But the hon. Minister should go, without notice to the hospitals and see who is suffering. He should see the way those poor people who cannot afford to go to private doctors,who cannot go to any

specialists are being treated. This should not be a matter of prestige for the Minister. Simlarly, this should not be a. prestige issue for the doctors also. They should not say that they will not withdraw the strike unless and until things are given to them. My request to the Minister and the doctors is that they should sit across the table and sort out this problem so that the people, the poor people, in this country do not suffer.

Thank you, Madam.

SHRI RAM JETHMALANI (Karnataka): Madam Deputy Chairman, I am greatful to you and. also I am grateful to my colleague Qbaidullah Khan, who was surrendered his chance and allowed me to speak on behalf of the party. I want to assure the hon. Minister in the first place that we do not come here to score any debiting points. This is a matter which does involve human sufferings. It involves sufferings of innocent sec. tions of people who need to be attended to with care. We are conscious that all strikes cause inconvenience to some innocent sections of the public and more so, Strikes by professionals like doctors and lawyers. I am also prepared to go further that professionals like doctors and lawyers should go on a strike only as a last resort when every avenue has been explored and has been exhausted. I am prepared to apply these very strict standards to the conduct of doctors and yet the House will forgive me that as impartially and objectively as I have tried, to look at the situation, my conclusion is that in this case, the doctors have been unfairly treated and the strike of the doctors is justified. Now, Sir, this argument about human sufferings and so on can be carried to very absurd limits and it can be often misused—misused as a smokescreen for injustice and callousness to our professionals, who are supposed to be serving the humanity and whose duty it is doubtless to serve humanity. I endorse every word that has fallen from my colleague Dr. Jain and I hope the substance and essence of Dr. Jain's very powerful presentation has at least been absorbed by my friend Mr. Salve and I hope that he will use his political clout in the ruling party to influence the conduct of the Minister of Health. If it turns out that the doctors' strike is demonstrably justified in this case, then the sufferings can be laid at the door not of the doctors but of the Government which has precipitated the situation in which the strike became necessary. I want to dispose of at the outset an argument which has been made by the hon. Minister about the role of the Supreme Court. It is most unfair that stray observations made by a judge or by more than one judge or by the entire court in the course ot arguments which take place between the bench and the bar, should be utilised for any purpose. During the course of the arguments at some stage when the judges have not finally made up their mind, all kinds of observations happen to be made. These are never to be used by any party. They are never intended to be used and in fact, I don't wish to use harsher language, but, in fact, it is contempt to use such stray observations. What is ultisna-tely binding is the final order *ot* the court. Will the hon. Minister be able to produce for the perusal of this House *ot* for the perusal of anybody any written order or judgment of the Supreme Court in which the doctors have been castigated for having gone on strike or where the Supreme Court has passed an order and said that the strike is not justified? So to hold out some observations of the Supreme Court judges as a smokescreen for dealing with doctors in the manner in which the doctors have been dealt with, is utterly unjustified. The essence of the matter—and this, Mr. Minister, is What I want you to ponder about—is the essence of What I want to speak to you today and speak

[Shri Ram Jethmalani]

to this august House that the Tikku Committee—by whatever name you call it—was not an ordinary departmental committee constituted by the Government to inform itself and the Government remains free to reject its findings or accept those which the Government finds in its wisdom to be acceptable. No, though technically, it is a departmental committee report, yet in the faets and circumstances of this case, the circumstances in which the Tikku Committee came to be created and it made its report, its report is not a report. Its report is morally and substantially in law an award made—an award which is binding on all partieg and you cannot reject this award unilaterally. (Interruptions) .

SHRI V. NARAYANASAMY: How can you say this is an award? *(Interrupttons)* Don't mislead the House as you mislead the court. *(Interruptions)*

SHRI RAM JETHMALANI: Madam, the hon. Members should at least carefully apply their mind to what I am saying. I say that technically it remains a report, technically there is a right of the Government to reject it, but from the moral point of view it is an award, given the circumstances in which the Tikku Committee Report was brought into existence- I have said that this controversy has been going on from 1982. The controversy has been examined by successive Governments. Successive Health Ministers have assured the House tnat the grievances of the doctors would be investigated. Successive Ministers have said that an impaitial committee word be created to investigate this matter and it is in T.-ursuance of the. agreement between the doctors and the Government that this Committee was appointed and this Committee has .made its,Report. So the circumstances in which the Committee was created to look after the grievances of the doctors which they had been trying to to ventilate for so many years and the circumstances in which this Report has come to be made are, that it was a part of the assurance publicly given, that their grievances would be investigated by an impartial committee, a committee in which both sides reposed confidence. And after that the Committee has made its Report, the Government has unilaterally decided to reject it because for some reasons it does not wish to accept those recommendations. Therefore, the hon. Members should not jump at my throat. I am conscious of the fact that it continues to be a report of a Committee and technically you are entitled to reject it, but morally you must treat it as a judgement or an award which is binding on both sides and unilateral repudiation of it is morally and politically wrong.

Madam, kindly see paragraph 2 of the Statement which has just been made by the hon. Minister. In paragraph 2 of his Statement the hon. Minister says, "The Tikku Committee was created in consequence of an agreement." Once you create a committee in pursuance of an agreement, then it follows that it is agreed between both parties that when the committee's report comes, that committee's report will be respected. The doctors are respecting it. It is the Government which is guilty of unilateral repudiation and, therefore, it is the Government which is in the wrong. And therefore, the doctors are right in insisting that the moral and political promise that they have extended to them has not been fulfilled and, therefore, in the last resort they are entitled to go on a strike.

Madam, I am prepared to go further. In the very short, cryptic paragraph 2 of the office note of the 14th Nov. ember—which is on the sixth page of that official note—it is stated: "The Government alter careful consideration of all aspects has not found it

possible to accept other recommendations of the High-Powered Committee." Now I expect that in fairness to the doctors, in fairness to the public, in fairness to the suffering sections of the public, this official note should have given some explanation of why 27 out of 32 recommendations have been rejected by the Government. The Committee has made 32 recommendations. The Government has accepted only five out of them. Twentyseven recommendations have been rejected and rejected in this kind of a cryptic note. which gives no possible clue to the Government's working or their mind and we are not told today why these 27 recommendations—which appear reasonable and it is the High Powered Committee which has made them, a High-Powered Committee which must be presumed to know its job more than perhaps the Health Minister personnaly—have been rejec. ted. We want a very accurate answer, we want a careful analysis of these 27 recommendations and the reasons therefor.

Madam, I go further. This Statement which is presented today to this august House is virtually a verbatim reproduction of a similar Statement which was made by the hon. Minister in the other House, but for some curious reasons the hon. Minis. ter has dropped one paragraph which he included in the statement to the other House and that paragraph contained three reasons. Those three reasons are as follows. First, there are considerable differences of perceptions amongst the doctors themselves. Now this is not a very honest reason for rejecting the recommendations, Some doctors may be satisfied; some may not be satisfied. But, if there are differences of perception among the doctors you must enforce the report uniformly against all the doctors, because everybody is morally and politically bound by this document. This cannot provide an excuse to you and there is some justification for what was said by my colleague Mr. Afzal and what was said by Dr. Jain that you were trying the usual tricks of private employers of dividing a movement and trying to drive a wedge between them and to weaken the movement. This is not fair.

The second reason which you have given is: "While considering the improvement in the service conditions of the doctors, Government cannot accept any compromise in quality of patient care." Now, if there was some substance in this reason that the twenty-seven recommendations, whief' you have rejected, would lower the quality of patient care, I would have immediately come to you and said, "Mr. Minister, you are right; the doctors must end their strike and go back to work." But on a fair judicial, as objective as I am capable of, study of these recommendations in the light of the reason advanced by you, I suggest and I suggest with confidence, that the reason has nothing- to do with any of the twenty-seven recommendations which you have rejected. These twenty-seven recommendations are the core of the Tikku report. They are the core of the doctors' campaign and they were incorporated in the terms of reference and the terms of reference were, Madam, to enable the sevice doctor to take his due place amongst the best of the Central group of services and to ensure inter.sub-cadre similarities in career progression. Now, these twenty-seven recommendations are connected with these two basic issues which were referred to the Tikku Committee and you reject all of them on this specious ground—I don't want to use a stronger term and I must submit to this House that the reason has no tenability; it has no validity and it has no fairness. I don't want to say that it is a reason which ought not to have been presented to this august House because it amounts almost to an attempt to mislead the House and it amounts to an attempt to denigrate the profession of doctors who are trying to do their duty under very difficult conditions.

[Shri Ram Jethmalani] The third reason is: "And finally, the Government has to take into consideration the implications of these recommendations and their repercussions on other services before taking a final decision." You have not given any such reason. You have not advanced any such reason and you think that the Tikku Committee which was presided over by your two senior bureaucrats—one was the Pre. sident and the other was the Secretary—did not take into account, when they made the recommendations. what the impact it will have on patient care and what the impact it will have on other services and they never applied their mind. Madam, it does not appear to be anything lull of any candour; it does not appear to be full of any honesty; it does not appear to be full of any fair dealing tor which I could compliment the Government. I must, therefore, say that uaorally and politically this document was binding. You have rejected it; the reasons you have not been able to give and that only accentuates the grievances of the doctors and it is a unilateral decision. Some people have advised you. Mr. Minister—advice which is bad, which you seemed to have followed lock, stock and barrel without really applying your mind.

Lastly, Madam, what is this bogus oifer of telling them that "if you stop the strike, I will consider everything with an open mind"? On 3rd September, Madam, the Supreme Court gave the Government two months. So, the Government was told to make up its mind by the 3rd of November on a report which is one year old. Why did you not, during those two months, talk to ths doctors and their representatives? Why did you not tell them: "I am, with an open mind, going to discuss your legitimate grievances?" At that time the doctors were not on strike. The doctors had gone MI strike only on 11th of November. What were you doing froaa 3rd of September whan th* Supreme Court told you that within two months you come back? Madam, this is bogus and this is intended to humilate the professional people. You want to grind their nose in the dust before you will talk to them. It appears to me bogus because (a) the Government says in the same document, in the same statement, that "the Government has now made its decision which you may consider fair and just". Mr. Fotedar says that "I am personally willing to consider all these measures afresh provided you end the strike." Does Mr. Fotedar say that in his individual capacity he wil override the Cabinet decision which is referred to in the very same document? Please don't make such mala fide, bogus and totally insincere offers? The doctors will certainly end their strike. Please tell them, start the process of negotiation and see the magic effect of it, see how the doctors react to it. Please tell them that this decision is only tentative, what we have done on the 14th November is tentative, we are willing to consider your apprehensions, your legitimate grievances, come and talk to us. Take one step and the doctors will take two. We shall use all possible influence that we can command. Of course, the most powerful man is Mr. Salve and your Ministry. But we will be able to assist you. Take at least two or three reasonable steps which convince us that you are acting bona fide and you really want to end this strike. If you don't want to end this strike and merely keep blaming the doctors, I am afraid this kind of suffering will go on and the person responsible will be the Government and primarily you, Mr. Minister. Thank you, Madam.

THE DEPUTY CHAIRMAN; We will continue with this discussion after the lunch hour and Mr. S. S. Ahluwalia would be the Speaker. The House is adjourned for one hour for lunch.

The House then adjourned for lunch at thirty two minutes past one of ths clock.

The House reassembled after lunch at thirty-five minutes past two of the clock, The Vice-Chairman (Shri Bhaskar Annaji Masodkar) in the Chahr.

CALLING ATTENTION TO A MATTER OF URGENT PUBLIC IMPORTANCE CONTINUING STRIKE BY SERVICE DOCTORS ALL OVER THE COUNTRY AND STEPS TAKEN BY GOVERNMENT TO REMEDY THE SITUATION—Contd.

SHRI SUKOMAL SEN: Sir, on a point of order. I want to know in what order the Chair is calling the Members to speak on the Calling-Attention Motion.

You see, in Calling-Attention Mo-called first according to the list and then the others are called. Here, one Member from the Congress(I) Party has spoken already whose name does not appear in the first part of the list, but appears in the last part only. But then you are calling another Congress (I) Member. How is it possible?

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR). Two of the Opposition Members have already been called.

SHR J SUKOMAL SEN; Yes. But here it appears as if it is a Short Duration IDiscussion. It is only in the case of Short Duration Discussion thai is followed. But this is a Calling-Attention Motion.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): We will do whatever is allowed under the procedure. Let Us follow the procedure as it is laid down.

SHRl SUKOMAL SEN: Yes, I want the procedure to be followed. That is all.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): I will keep it in mind. Now, Mr. Suresh Pachouri. Yes, Mr. Ahluwalia, what is your point? You ere not speaking?

SHRI S. S. AHLUWALIA (Bihar): I will speak laier.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Anyhow, I am doctoring the list now. Yes, Mr. Suresh Pachouri. .

श्री सुरेश पचौरी (मध्य प्रदेश) : माननीय उपसभाध्यक्ष महोदय यह बहुत अफसोसजनक बात है कि हम उस पेशे से सम्बंधित लोगों की हड़ताल पर आज चर्चा कर रहे हैं जिस पेशे को बहुत पवित्र पेशा माना गया है। चिकित्सकों का जो पेशा होता है वह अन्य पेशों से बड़ा अलग होता है बड़ा भिन्न हुआ करता है। इन चिकित्सकों का जो काम होता है वह पीड़ित मानवता की सेवा करना होता है। इसलिए चिकित्सकों का समाज में एक विशिष्ट स्थान हुआ करता है। समाज के लोग बड़े सम्मान के नजरिए से चिकित्सकों को देखते हैं क्योंकि इन लोगों का जो मकसद होता है जो ध्येय होता है जो जीवन का लक्ष्य हुआ करता है वह रोजी-रोटी के इलावा पीड़ित मानवता की सेवा करना होता है। अक्सर ऐसी मान्यता रहती है कि यह लोग अपनी सुविधाओं को तिलांजलि दे कर कराह रही मानवता की सेवा किया करते हैं लेकिन जब कभी ऐसा देखने में आता है कि यह अपनी सुविधाओं की खातिर अपनी कर्तव्य निष्ठा का परित्याग करते हैं तो निश्चित रूप से इस प्रकार के क्रियाकलाप को इस पेशे की पवित्रता पर बड़ा कलंक माना जाना चाहिए ऐसा मेरा विश्वास है। कुछ ऐसी स्थिति आज देखने को मिल रही है जब कुछ डाक्टर 11–12 नवम्बर से अनिश्चित कालीन राष्ट्रव्यापी हड़ताल पर गए हैं। मैं उन बातों पर जाना नहीं चाहूंगा कि उनकी मांगे क्या हैं। लेकिन मैं उस ढंग पर जाना चाहूंगा उस सिस्टम पर जाना चाहूंगा जिस ढंग को अपना कर इस पेशे से संबंधित लोगों ने जिनका कर्तव्य पीड़ित मानवता की सेवा करना हुआ करता है उस ढंग को अपनाकर कराहती मानवता की सेवा न करके उनको बीच मझदार में छोड़ दिया है आज स्थिति यह है कि पहले हम सदन में यह चर्चा किया करते थे कि अस्पताल में

[श्री सुरेश पचौरी]

दुर्व्यवस्था की वजह से, सही इलाज न होने की वजह से मरीज मर जाते हैं । आज हमें इस बात पर विचार करना पड़ रहा है कि डाक्टरों की हड़ताल की वजह से मरीज सड़कों पर मरे जा रहे हैं। यह बहुत दुर्भाग्य की बात है । इसलिए मैंने प्रारंभ में ही कहा था कि यह बहुत अफसोसजनक बात है और आज हम अफसोस के साथ इस पर चर्चा कर रहे हैं । अफसोस इस बात पर है कि हम उस पेशे से संबंधित लोगों के बारे में चर्चा कर रहे हैं जिस पेशे के लोगों को हम हमेशा सम्मान के नजरिए से देखते हैं रहे और सम्मान के नजरिए से इसलिए देखते रहे कि इस पेशे से संबंधित लोगों के बारे में यह विचार किया जाता है कि यह अपने सुख सुविधाओं को तिलांजलि दे कर पीड़ित मानवता की सेवा करेंगे लेकिन आज हम को यह देखने को मिल रहा है कि इस पेशे से संबंधित लोग केवल अपनी चंद मांगों की खातिर 11-12 नवम्बर से राष्ट्रव्यापी अनिश्चित कालीन हड़ताल पर गए हुए हैं ।

उसमें सी०जी०एच०एस०, नगरपालिका केसु, ई०एस०आई० और रेलवे के डाक्टर शामिल हैं जिसमें लगभग 40 अस्पताल हैं, 370 डिस्पेंसरीज हैं और 103 प्राइमरी हैल्थ सेंटर्स आते हैं ।

महोदय, यह बात अलग है कि टिक्कू कमेटी की सिफारिश क्या है ? इससे दो वर्ग प्रभावित हो रहे हैं एक रेजीडेंट डाक्टर्स का और दूसरे स्पेशलिस्ट लोगों का । इससे जो वर्ग प्रभावित हो रहा है उस वर्ग से संबंधित बातें अलग हैं । लेकिन इस हड़ताल की वजह से कौन प्रभावित हो रहा है, बलि का बकरा कौन हो रहा है ? उससे नीति निर्धारित करने वाले लोग प्रभावित नहीं हो रहे हैं । उनके घर पर तो प्राइवेट डिस्पेंसरीज के बड़े बड़े डाक्टर्स आ जाते हैं । उससे राजनेता प्रभावित नहीं हो रहे हैं । उससे मजदूर वर्ग प्रभावित हो रहा है, वह समाज से जुड़ा हुआ व्यक्ति प्रभावित हो रहा है जो इस बात पर आधारित होता है कि सरकारी इलाज किस ढंग से कराएगा । आज उसे सरकारी इलाज इस राष्ट्रव्यापी हड़ताल की वजह से नहीं मिल पा रहा है । इसलिए हमें इस बात पर विचार करना होगा कि उसे सरकारी इलाज किस ढंग से मिल पाए । हड़ताल से मरीज की उपेक्षा तो होती है लेकिन मैं एक बात कहना चाहता हूं कि अक्सर हमारे यहां इंडियन पीनल कोड में यह सिस्टम है कि मारने वाले से बड़ा जुर्म हम उसका मानते हैं जो उकसाने वाला होता है । आज जो मरीज मर रहे हैं, मैं बड़े अदब और विनम्रता के साथ कहना चाहता हूं कि उन मरने वाले मरीजों के लिए दोषी कौन है, कौन उसका इलाज नहीं कर पा रहा है । मैं कहा रहा हूं कि केवल चिकित्सक नहीं है, उनकी अपनी मांगे कुछ जायज हो सकती हैं, कुछ आज की परिस्थितियों से मेल नहीं खाती, इसलिए संभव नहीं हो सकता कि फाइनेंशियल क्राइसिस की वजह से उन सब पर अमल किया जा सके, लेकिन जो उकसाने वाले हैं, वे सबसे बड़े दोषी हैं, समाज विरोधी हैं, समाजद्रोही हैं । इसलिए जब हम इस हड़ताल की चर्चा कर रहे हैं तो उनकी भी हमें आलोचना करनी चाहिए । जब हम यह कहते हैं कि मंत्री जी ने समय नहीं दिया, डिसकस नहीं किया, जब हम यह कहते हैं कि अधिकारियों ने डिसकस नहीं किया तो मैं कहना चाहता हूं कि इनकी 32 सिफारिशों में से 13 सिफारिशें लागू की गयी हैं जबकि 8 संशोधन रूप से की गयी हैं यह भी मैं मानता हूं और अन्य सिफारिशों के बारे में विचार करने के लिए माननीय मंत्री जी ने अपने लास्ट पैरा में कहा है कि यदि वे हड़ताल विदड्रा कर देंगे तो मैं अन्य सिफारिशों के बारे में उनसे विचार करने के लिए खुले दिल तैयार हूं । यदि माननीय मंत्री जी यह बात नहीं कहते तो मैं बड़े विश्वासपूर्वक यह बात कहना चाहता हूं कि मैं मंत्री जी के एक्ट की भी आलोचना करता लेकिन जब मंत्री जी ने खुले दिल से कहा है कि पहले ये हड़ताल से वापस आयें, हड़ताल का सहारा न लें और पीड़ित मानवता की सेवा में लग जायें जो उनकी जिन्दगी का असली ध्येय है तो निश्चित रूप से हम उनकी अन्य मांगों के बारे में विचार करेंगे । इसलिए निश्चित रूप

से इस पक्ष और उस पक्ष, दोनों पक्ष के लोगों तो उनके स्टेटमेंट की सराहना करनी चाहिए । लेकिन अफसोस की बात है कि हम चूंकि विरोध में हैं इसलिए विरोध कर रहे हैं, चूंकि हम सरकार के विरोधी पक्ष क हैं इसलिए हमें सरकार के हर एक्ट की आलोचना करनी है । यह सोचकर नहीं चलना चाहिए । जिंदगी में कुछ ऐसे समय आते हैं कुछ ऐसे पहलू जुड़ रहते हैं जब हमको देखना होता है कि हमारे एक्ट और हमारे कथन पर लोगों की नजरें हैं, ऐसे लोगों की नजरें हैं जो अत्याचार, अनाचार, व्यभिचार और भ्रष्टाचार से पीड़ित लोग हैं और जो जिंदगी में कुछ सहारा चाहते हैं । सहारा लेने वाले लोगों के बारे में मैं तो इस बात बात नहीं कर रहे हैं कि उन मरीजों की आज क्या दुर्दशा हो रही है, उनकी सही इलाज क्यों नहीं हो रहा है बल्कि हम यह बात कर रहे हैं कि चिकित्सकों की मांगे समय पर पूरी क्यों नहीं हो रही हैं । चिकित्सकों की मांगों के पक्षधर हम भी रहे हैं और टिक्कू समिति की जो सिफारिशें हैं उनके बारे में हमने भी कहा है और जब मैं बोलूंगा तो उन सिफारिशों के कुछ बिन्दुओं के बारे में फिर चर्चा करूंगा कि उन्हें कंसीडर करना चाहिए । लेकिन हमको देखना पड़ेगा कि सेटिलमेंट कब हुआ ? डाक्टर्स और गवर्नमेंट के बीच में 1989 में हुआ था । हमको देखना पड़ेगा कि टिक्कू कमेटी का 3 मई 1990 को बनी उसने अपनी रिपोर्ट एक नवम्बर, 1990 को सबमिट की थी । इसमें पांच मैम्बर्स थे । मैम्बर्स कौन थे उनके वैस्टेड इंटरेस्ट क्या था जैसे डा० खोरवाल का लड़का खुद ही रेजीडेंट डाक्टर था, डाक्टर हरचरण सिंह के बारे में बोला गया कि क्यों वैस्टेड इंटरेस्ट इन्वाल्व थे । हम उनके बारे में विस्तार में नहीं जायेंगे क्योंकि हमारे कुलीग डा० रत्नाकर पाण्डेय जी ने इसके संबंध में विस्तार से एक पत्र माननीय मंत्री जी को लिखा था । लेकिन एक नवम्बर, 1990 को टिक्कू कमेटी ने रिपोर्ट सब मिट की तो 7 नवम्बर को गवर्नमेंट चली गयी । उस गवर्नमेंट को भी उसके बारे में कुछ कहने का मौका नहीं मिला । उसके बाद जो जो चन्द्रशेखर की गवर्नमेंट आई वह भी चली गयी, उसको करने का मौका नहीं मिला । इस सरकार ने जब से कार्यभार संभाला है उसको भी पर्याप्त अवसर नहीं मिला और तीन सितम्बर को गवर्नमेंट ने सुप्रीम कोर्ट को बताया कि दो माह के अन्दर वह टिक्कू कमेटी की रिपोर्ट के बारे में सारे निर्णय कर देगी ।

इसलिए मैं यह कहता हूं कि डाक्टरों का स्ट्राइक पर जाने का औचित्य क्या है जब गवर्नमेंट ने खुद सुप्रीम कोर्ट में यह स्वीकारा था कि दो माह में हम सारी जो संस्तुतियां हैं, जो सिफारिशें हैं, जो अनुशंसायें हैं, उन पर विचार कर लेंगे । इसलिए डाक्टरों का 16 सितम्बर को स्ट्राइक का नोटिस देने की कोई आवश्यकता नहीं थी । इस प्रकार का नोटिस दिए जाना इस बात का प्रतीक है कि दबाव डालने की राजनीति इन लोगों ने अपनाई, जिसका हमको चाहे हम इस पक्ष में हों, या उस पक्ष में हों, उनके इस एक्ट की, दबाव वाली राजनीति की भर्त्सना करनी चाहिए ।

जहां हम उनकी मांगों की ताईद करें, उनकी मांगों के हम पक्षधर हों, वहीं उनकी इस प्रकार के दबाव के एक्ट पर पर भी आलोचना करनी चाहिए । मान्यवर, ऐसा मेरा आपके माध्यम से सामने वाले सदस्यों से आग्रह है ।

यह कहते हैं कि संबंधित लोगों ने चर्चा नहीं की । 16 सितम्बर को नोटिस देने से पहले स्वास्थ्य सचिव ने उन लोगों से चर्चा की, डाइरेक्टर, जनरल हैल्थ ने उन लोगों से चर्चा की, माननीय मंत्री जी ने उनलोगों से चर्चा की और उसके बाद हम यह कहते हैं कि माह दो के अंदर, जैसे इस विभाग ने सुप्रीम कोर्ट में कहा था कि हम सारी जो उनकी सिफारिशें हैं, उसके बारे में निर्णय दे देंगे, तो इंतजार कर लेते । उसके बाद यह अपने रेजिग्नेशन करते । यदि उससे सन्तुष्ट नहीं होते, तो जब इन्होंने इतने साल इंतजार किया, दो दस्तो माह और इंतजार यदि कर लेते, तो आज यह पीड़ित मानवता कराहती नहीं और वह मरीज जो सड़क

[श्री सुरेश पचौरी]

पर मर रहे हैं, जिनका पर्याप्त इलाज नहीं हो पा रहा है, वह गरीब लोग जो केवल सरकारी इलाज पर अवलंबित हैं, आधारित हैं और निर्भर करते हैं, वह इलाज के अभाव में आज जो मारे जा रहे हैं, उनकी यह दुर्दशा नहीं होती जिस पर हमको आज चिंता व्यक्त करनी पड़ रही है।

मान्यवर, 11 नवम्बर को भी सुप्रीम कोर्ट को हमारे स्वास्थ्य विभाग ने कहा था कि स्ट्राइक की वजह से हम वह सारी घोषणा नहीं कर पा रहे हैं, जो हमने टिक्कू कमेटी की सिफारिशों के बारे में निर्णय लिए हैं, लेकिन स्ट्राइक से जब वापिस आ जायेंगे, तो हम वह सब कर लेंगे। आज स्थिति क्या है, टिक्कू कमेटी की सिफारिशें क्या हैं, हमें उस बारे में विचार करना पड़ेगा।

रेजीडेंट डाक्टर्ज यह कहते हैं कि इंटरनल सिलेक्शन 75 प्रतिशत काम्पीटेमैटिक हो जाना चाहिए हम यह कहते हैं हैं कि जब आप डिजर्व करते हो तो, तो पब्लिक सर्विस कमीशन को फेस करने में प्राबलम क्या है ? ओपन सिलेक्शन अगर आप डिजर्व करते हो, अब तो आप अनुभवी हो गए हो, तो फिर पब्लिक सर्विस कमीशन के सामने फेस करें। जितनी पोस्ट्स हैं, उसमें स्पेशलिस्ट लोग भी जायेंगे, रेजीटर्ड डाक्टर्ज भी जायेंगे डिजर्व करते हैं, तो आपका सिलेक्शन हो जाएगा।

अब आप कहते हैं कि स्पैशलिस्ट लोगों के साथ यह एकतरफा व्यवहार है। स्पशलिस का जो पोस्ट गैज्युएशन का कोर्स होता है मान्यवर, तीन साल का तो वह कोर्स और तीन साल तक सीनियर रेजीडेंट के रूप में उनको काम करना होता है। तो उनका भी समय उसमें जाता है,।

अभी टु-वार्ड्ज प्रोमोशन स्कीम की घोषणा की है। हम तो कहते हैं कि थ्री-वार्ड्ज प्रोमोशन स्कीम करिए, जिसके तहत जो पे-स्केल उनको मिलता है वह लगभग बराबर हो जाए।

अब यदि बैक-डोर एंट्री कुछ डाक्टर्ज चाहते हैं, तो इसमें इस बात को हमको आलोचना करनी चाहिए, विदाउट फेसिंग दी पब्लिक सर्विस कमीशन, फिर तो कल से यह बात होगी कि पब्लिक सर्विस कमीशन के सामने एक वर्ग जाए और दूसरा न जाए। मतलब यह है कि हम पब्लिक सर्विस कमीशन के औचित्य के सामने भी प्रश्नवाचक चिन्ह लगा रहे हैं। कल से लोग कहेंगे कि पब्लिक सर्विस कमीशन में फेयर सिलेक्शन नहीं होता। तो यदि हम उसके औचित्य को नकारते नहीं हैं, तो यह जो बैकडोर एंट्री सिस्टम है, जिससे कि सर्विस की जो क्वालिटी है, वह डाइल्यूट हो जाया करती है, उसकी हमको भर्त्सना करनी चाहिए।

दूसरे उनकी जो मांग है, इनका जो रेशो है, उसमें स्पेशलिस्ट का और जी० डी०एम०ओ० का 1:3 होना चाहिए। हमारा यह कहना है कि 1:1 हो, क्योंकि डिस्पेंसरी में जो स्पेशलिस्ट लोगों के पास मार्डन इक्विपमेंट होते हैं, अब यह रेजीडेंट डाक्टर्ज उनकी लंबे समय तक उपयोग नहीं करते, तो फिर उनकी प्रैक्टिस चली जाती है। दस साल, बीस साल आप प्रसूइमरी हैल्थ सेंटर में रहे और मार्डन इक्विपमेंट को आपने उपयोग नहीं किया, उसके बाद जगह आपको पोस्टिंग हो गई, उसी जगह आपका सिलेक्शन हो गया बैकडोर एंट्री से—अगर पब्लिक सर्विस कमीशन से हुआ है, तो हमें कोई इतराज नहीं है, लेकिन बैकडोर एंट्री से हो गई; तो उन मार्डन इक्विपमेंट के एपरेट्स को जब आपने देखा ही नहीं है, उपयोग ही नहीं किया है, तो आप आपरेशन कैसे कर पाएंगे ?

हम यह कहते हैं कि अगर ऐसी कोई बात है, तो जो लोग स्ट्राइक पर जा रहे हैं, वह कहें कि साहब ठीक है 75 प्रतिशत जो इंटरनल सिलेक्शन से जिन डाक्टरों को पोस्टिंग हुई है, उन्हीं से फिर वह अपना

इलाज, आपरेशन करवायें, पर वह उनसे नहीं करवायेंगे । अपने खुद के इलाज के लिए स्पेशलिस्ट लोगों के पास जायेंगे, बाकी के लिए कहेंगे, कि साहब इनके साथ सौतेला व्यवहार हो रहा है ।

तो मान्यवर, जो मैंने अपनी बात प्रारंभ में की थी, उसमें मैंने यह कहा था कि हमें खुले दिल और दिमाग से सोचना है कि हमारे देश की जो चिकित्सा प्रणाली है, वह डायल्यूट न हो पाए, उसको ध्यान में रखते हुए खुले दिल और दिमाग से राजनीति से परे होकर, पार्टी से परे होकर देश हित में, स्वास्थ्य सुविधा अच्छी से अच्छी लोगों को मिल पाये और चिकित्सकों का मनोबल भी न टूट पाए । विशेषज्ञों का मनोबल न टूटे इसको ध्यान में रखते हुए हमको अपनी बात कहना चाहिए, ऐसा मेरा आपके माध्यम से आग्रह है । मान्यवर, एक और आखिरी बात है । ...(व्यवधान) मान्यवर, मेरा यह कहना है कि जो एक बात और मंत्री जी ने अपने प्वाइंट 5 और 6 में कही है कि जो प्रोमोशंज की स्कीम्स हैं और टू बाउंड सिस्टम प्रोमोशन हैं उसमें मेरा कहना यह है कि थ्री बाउंड सिस्ट्स प्रोमोशन भी दे देना चाहिए । उसमें स्पेशलिस्ट्स के लिए 3000 से पे-स्केल प्रारंभ होकर 6 साल में 5000 के करीब जाता है 5000 से 6700 और मैडिकल आफिसर के लिए 2200 से कर 4500 जाती है तो टाईम बाउंड जो प्रोमोशन स्कीम है वह बराबर हो जाना चाहिए, यह मेरा आपके माध्यम से जरूर निवेदन है । लेकिन जो रिटायरमेंट की एज है वह 58 ईयर्स से बढाकर 60 ईयर्स बढा देनी चाहिए ऐसी बात टिक्कू कमैटी की रिपोर्ट में भी कही गई है । तो उस टिक्कू कमैटी की रिपोर्ट की जो अनुशंसायें हैं वह उचित हैं उनके बारे में माननीय मंत्री जी विचार करें जब आज हम इस बारे में चर्चा कर रहे हैं, लेकिन उसमें और भी जो स्थितियां हैं कि कुछ लोगों की जो विदाउट फेसिंग पब्लिक सर्विस कमीशन प्रोमोशंज हो जाना चाहिए उनके बारे में जरूरी गंभीरता से विचार करना चाहिए । उससे एक गलत मैसेज जाएगा दूसरी ओर सेविस क्लास में भी, इसलिए उस रेकमेंडेशन को रिजेक्ट कर देना चाहिए, ऐसा मेरा आपके माध्यम से मंत्री जी से आग्रह है और मेरा विनम्र निवेदन उनसे यह है कि निश्चित रूप से इन करीब दस हजार डाक्टरों के अनिश्चित-कालीन हड़ताल पर जाने की वजह से मरीज कराह रहे हैं, मरीज बहुत परेशान हैं, इसलिए दोनों पक्ष जो हैं थोडा विन-म्रता का रुख अपनायें, नरमी बरतें और ऐसा सोल्युशन ढूढें जिससे चिकित्सकों की भी साख बनी रहे पाए । उनको जो समाज में गौरव मिला हुआ है वह गौरव भी बरकरार रह पाए और जब हम उनकी मांगों पर विचार ही कर रहे हैं दयापूर्वक तो निश्चित रूप से हमें उनको बुलाकर नैगोसिएशन करना चाहिए । एक ऐसी स्थिति जनहित में और मानवता की सेवा को दृष्टिगत रखते हुए हमको निर्मित करना चाहिए । लेकिन हमको यह भी ध्यान देना चाहिए जो हैल्थ सर्विस का स्ट्रक्चर, जो संरचना है, जो प्रोमोशन की स्कीम्स हैं, स्पेशलिस्ट लोगों के संबंध में जो बातें हैं, जो उनको सुविधायें देने की बात है वह स्ट्रक्चर भी डिस्ट्राय न होने पाए, वह संरचना भी नष्ट न होने पाए, वह भी हमको ध्यान में रखना चाहिए ।

माननीय मंत्री जी ने बडे खुले दिल से अपना वक्तव्य दिया है, मैं निश्चित रूप से उनके प्रति हार्दिक कृतज्ञता व्यक्त करता हूं इस आशा और विश्वास के साथ कि जिस खुले दिल से उन्होंने वक्तव्य दिया है उस खुले दिल से उन हड़ताली डाक्टरों से विचार-विमर्श करके, उनको बुला कर, ऐसी स्थिति निर्मित की जाएगी कि वे अपनी हड़ताल वापस ले लें और इस सदन के माध्यम से और मान्यवर मैं आपके माध्यम से यह उन डाक्टरों से भी अनुरोध करूंगा कि वह अपने ध्येय को सामने रख कर जो उनका ध्येय पीड़ित मानवता की सेवा है, सारी सुविधाओं का त्याग कर उसको ध्यान में रख कर वह अपने कर्त्तव्य का भी सही पालन करेंगे, ऐसा मेरा उनसे भी आग्रह है ।

धन्यवाद ।

THE VICE-CHAIRMAN , (SHRI BHASKAR ANN A JI MASODKAR): Mr. Sukomal Sen. I am following the procedure that you mentioned and that is why I am calling you. Afterwards I will call Congress Member.

SHRI SUKOMAL SEN; How many are there from the Congress?

THE VICE-CHAIRMAN (SHRI BHASKAR ANN A JI MASODKAR): There are about 5 or 6. They are on the list.

SHRI SUKOMAL SEN: But we decided on the procedure that one Member from each party would be called.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJT MASODKAR^: You know the procedure where only five minutes are to be given to each (Member. But here they speak even for 30 minutes. The first speaker gets more time. But anyway, let us not be very rigid, because- if you become rigid, then nobody's voice will be heard. Now only five minutes are to be given to you if you want to follow the rules. But I know I cannot restrict you to five minutes. So let us not be rigid.

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SHRI SUKOMAL SEN; I will try to restrict myself to five minutes. But the Minister has made such a long statement that it requires more than that time to read it even. And I have to deal with the longest statement made by the Minister.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): You can only ask clarifications. It it a statement given by the Minister. It is a statement. If you g_0 by rules... It is not a debate.

SHRI SUKOMAL SEN; It is all distortion of facts. I am pained to see that the hon. Minister, through his statement, not only betrays his callousness and indifference to the, orob-lems of doctors but to the sufferings of lakhs of patients. They are ordinary patients, ordinary citizens of the country. They are suffering because of the lack of medical treatment in the hospitals ana dispensaries I don't find in this long statement any sympathy for the people who are suffering because of this strike of the doctor and the adamant attitude of the Government. I would ask the hon. Minister to listen instead of diverting his attention to something else. My point is that in the Tikku Committee's report, so many things have been said. I would simply put some questions *to* the Minister. While the Tikku Committee was set up, can the Minister deny that the Tikku Committee was set up as a part of the agreement that was reached between the striking doctors and the Government in- August, 1989? Is it something outside the agreement? Doctors had to go on strike because the Government assured that the Tikku Committee would look after their grievances like their parity of promotion prospects and service conditions with other all-India services ,like the administrative service, engineering service etc. Tikku Committee was compound of whom? By certain Government officials who ar_e highly placed. Mr. Tikku was Secretary, Coordination, in the Cabinet Secretariat. Mr... Fotedar,, he is not an ordinary man. He is not less responsible than the Secretary "In the Health Department. Among six persons, another 'member was Mr. Arjun Singh who was Advisor in the Planning • Commission and another member was Mr. Parthasarathy, Additional Secretary, Department of Pensions and Public Grievances. So among the six persons, three of them were highly placed in the Govern. hieht. This committee heard the officials, heard the doctors and .then made their recommendations. Can he deny that it is the moral responsibility pf the Government now to act as per the Tikku report and accept it in toto? What is the morality involved in it that all of a sudden on the 14th of November, the Health Ministry issued an order agreeing to only a minor part leaving out the major part?' The *modus operandi* of

agreeing to a certain part of the report to satisfy a certain portion of the doctors while leaving the majori. ty dissatisfied shows a deliberate attempt to make a cleavage Hi the unity o¥ the doctors' community. Is it not unfair and immoral on the part of the Government to do it? Mr. Fo-tedar unnecessarily dragged the Supreme COurt into this in his statement. He says that the doctors have even showed scant respect for the Supreme Court's directive that was given. The Supreme Court asked them not to go on strike. Mr. Fotedar has not quoted what the Supreme Court had said.

THE VICE-CHAIKMAN (SHBI BHASKAR ANNAJI MASODKAR): Mr. Sen, subject to what you said, it is not good to call by name Mr. Fotedar. He is making a statement as a Minister.

SHRl SUKOMAL SEN: Mr. Minister.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): That is the proper way. I have been listening to it for quite a long time.

SHRI SUKOMAL SEN: Mr. Minister has unnecessarily dragged the Supreme Court in the matter. I will quote some examples. The Supreme Court on 9-1-1991 had said:

> 'Four weeks' time had been allowed on 3-12-1990 to the uni-on of India to produce a high power committee's report and disclose its response to the report. Mr. Mahajan says that he has not received the report though he has asked for it. Two - weeks' further time is allowed as a last chance to produce the report and comply with the direction of 3-12L 1990." 3.00 P.M.

Sh*, you should note the language. You should note what the Supreme Court has said. This is how the Government behaved with the Supreme Court. Alter this, 'on 23-1-91 and 30.1.91, the Supreme Court was compelled to impose costs of Rs. 500 each time for Executive Non-action; *oia* the part of the Government. The Health Ministry has not bothered tn pay the costs. Then, on 26-8-91, the Supreme Court ordered—-I quote:

> The Secretary, Health Department of the Government of India, will remain present i& this Court to explain to us the circumstances leading to the non-implementation of the agreement.

In blatant disregard of all norms, the Secretary absented himself from the Court at the next hearing, and the Additional Solicitor-General who appeared on behalf of the Government presented the Additional Secretary of the Health Department as the Secretary of the Department before the Supreme Court. This is how the Government treated the Supreme Court. They showed scant respect to the highest seat of judiciary. Now; they blame the doctors. They say that the Supreme Court has made the observation that the Government doctors should not go on Strike. They are unnecessarily dragging the Supreme Court into this matter.

The main problem is that the Government is dreggiag its feet. "Why? Setting up of the Tikku Committee was part of the agreement. "Without ft, the agreement cannot be considered. The doctors called off the strike because the Tikku Committee was set 'up. This Committee consisted of persons who were experts in the field. Now, the Government is not accepting the Tikku Committee report. The hon. Minister says that unless the doctors withdraw the strike, he will not talk to them.

Sir, when did the doctors decide on the strike? The doctors served the strike notice on 16-9-91. Can the Minister deny it? Two months lapsed between the time the doctors served the strike notice to the Departtneftt

[Shri Sukomal Sen]

and the time they started the strike I would like to ask the hon. Minister. What did he do during these two months? This is not an ordinary strike. I entirely agree. In a profession like medicine, medical practice, doctors should not go on strike frequently. Strike should be the last resort after exhausting all other avenues. After (the doctors served the strike notice on 16.9.91, in these two months, what did the Government do? How has the Government acted? Did the Minister ever try to talk to the doctors, persuading them not to go on strike, or, give them an assurance about the modalities of implementing the Tikku Committee re. port? The Ministry kept totally silent, knowing fully well that when the doctors go on strike, it is not the Minister who suffers, but it is the people who will suffer, it is the patients who will suffer, it is the hospitals which will suffer.

Now, the Government is distorting the facts. The Government says that because o'f the strike by a section of the doctors, the work is not paralysed, that the hospitals are working normally. Sir, the CGHS dispensaries are practically closed, except for some specialists and a few doctors who have not joined the strike. . Some skeleton service is being run, as it happens in all Government institutions, as the Government does, during any strike. This is what is happening. if you visit any hospital in Delhi, or any CGHS dispensary, you will find how the patients are suffering because of lack of medical facilities in the hospitals and dispensaries. Skeleton services cannot meet the demand in these hospitals where thousands and thousands of patients go every day. Therefore, I do not know why the Minister remains complacent.

My friend from the other side was blaming the Opposition. He said that we are inciting the doctors to go on strike. Sir, this is not the way.

(Intern iptions) This should be condemned .

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): It is a way of saying. It is a way of debate.

SHRI SUKOMAL SEN: Why should they blame the Opposition? Here, I would like to refer to what a Member of this House, who was a former Minister of State for Health, has said in his letter, expressing anguish, to the President of the country. The letter is written on 24th Marsh, 1991. He says, the terms of reference of the Tikku Committee and the decisions contained in the memorandum of (settlement of 21st August, 1989, are the solumn commitment of the Government and they are inviolable. It is not written by an opposition leader. It is written by a Congress Member of this House to the President of India, Shri Venkataraman, and that Member was the State Minister for Health and Family Welfare. Is he ignorant of it? Does he not know anything of the problem? He himself has dealt with the problem. Even the Congress regime was there in 1989. There was no opposition Government when the agreement was signed. So, why unnecessarily blame the opposition and why should you condemn them? It is simply passing the buck. The Government is functioning in the most irresponsible way, not caring ¥or the patients, for the people.

Now Mr. Minister is standing on a platform of false prestige that unless doctors withdrew strike he would not start negotiations. It is the Government itself which has compelled the doctors to go on strike. They have created such a situation. Otherwise, what was the hurry in passing an order of 14th November and partially implementing. I do not object to it. A section of doctors has benefited. I welcome it, but what was the intention of the Government? It was quite *mala fide.* That is what I condemn.

If the Minister and the Department officials want to fight with doctors, let them fight, but unnecessarily why are you causing sufferings to the patients? At least, in the interest of patients you talk to the doctors. You call them and talk to them, see to it that normalcy is restored in hospitals so that patients do not suffer any more.

Sir, I would only like to say that the doctors are prepared for a talk, for any negotiation. Doctors have their doors open for negotiation, it is the Government which has closed all the doors of negotiation. Sir, when the striking doctors are prepared for a dialogue, for discussion, why is the Minister closing all the doors by saying, no discussion, no negotiation?

When 10,000 doctors have gone on strike, why is the Minister self-complacent, saying that only a section of doctors has gone on strike, not all, not a major part? It is his dreamland. He may sit on the ivory tower. His officials may sit on the ivory tower, but the people are feeling the pinch, they know what is happening.

I would like to know from the Minister, when the strike is prolonging, continuing, whether he will step down from the ivory tower and call the doctors for a talk, for a discussion, for negotiating and assuring them that the Tikku Committee's report will be implemented, so that the strike is withdrawn and normalcy in medical services is restored in the country, so that sufferings of the People come to an end. This is what I want • to know from the hon. Minister.

THE VICE-CHAIHMAN (SHRI BHASKAR ANNAJI' MASODKAR): Mr. Ahluwalia. Let us restrict ourselves to clarifications

श्री सुरेन्द्रजीत सिंह अहलुवालिया : उपसभाध्यक्ष महोदय, यह बड़े अफसोस की बात है कि आज पूरे भारत की जनता की नजरें एक ऐसे मुद्दे के साथ जुड़ गई हैं जो बड़ा ही दुखदायी है और इस दुख के वक्त जब हम सदन में इकट्ठे होकर इस पर विचार करने के लिए खड़े हुए हैं, उस वक्त अफसोस होता है कि हम वहीं-नहीं सच्चाई से दूर, थोड़ा हटकर खड़े हो जाते हैं ।

मैं भारत सरकार के स्वास्थ्य मंत्री से और बातों पर सहमत हो सकता हूं, पर एक बात पर सहमत नहीं हो सक रहा जो उन्होंने कहा है कि यह स्ट्राइक सफल नहीं हुई ।

उपसभाध्यक्ष महोदय, दिल्ली ही पूरा भारत नहीं है और सी०जी०एच० एस० डाक्टर ही पूरे डाक्टर नहीं हैं । अगर आप कन्याकुमारी से लेकर काश्मीर तक और कच्छ से लेकर कोहिमा तक सिर्फ रेलवे स्टेशनों के किनारे जो रेलवे के हास्पिटल हैं उनको जाकर देखें तो वहां परिन्दा तक नजर नहीं आता । रेलवे के हास्पिटलों के डाक्टर भी इस स्ट्राइक में शरीक हैं । हिन्दुस्तान में जितनी भी आर्डिनेंस फैक्टिरियां हैं, डिफेंस फ्रोसेंज के जितने भी अस्पताल हैं वहां पर आपको परिन्दा भी दिखाई नहीं पड़ेगा । उसके बावजूद भी निर्माण भवन में बैठे हुए अफसर मंत्री महोदय को जो रिपोर्ट दे रहे हैं उसके अनुसार स्ट्राइक असफल है, काम बहुत अच्छी तरह से चल रहा है । मैं जरा पूछना चाहूंगा मंत्री महोदय से कि अगर 9000 डाक्टरों की स्ट्राइक के बावजूद भी काम चल रहा है तो इनको रखने की क्या जरूरत है ? इन्हें निकाल दें । फिर यहां पर चर्चा करने की जरूरत ही क्या है ? इनको निकाल दें और कहें कि हैल्थ सेक्रेटरी और सी०जी० एच एस० के डाइरेक्टर जनरल को कि वह चलाये ये हास्पिटल । इस तरह से सदन के माध्यम से देश की जनता को विभ्रान्त करना अच्छा नहीं है ।

महोदय, एक डाक्टर बड़ी मुश्किल से बनता है । आज की डेट में डाक्टरी पढ़ाना सबसे महंगी पढ़ाई है । 6 लाख रुपए कोपिट्रेशन फीस कौन देता है ? गरीब मां-बाप तथा हर आदमी के चेहरे की रोनक है कि उसका बेटा उन्नति करे वह अपने गहने बेचकर अपने बच्चों को डाक्टर बनाते हैं । मैं उस भावुकता में नहीं जाना चाहता लेकिन मैं समझता हूं कि हमारे देश में कमजोरियां हैं और

[श्री सुरेन्द्रजीत सिंह अहलुवालिया]

उसके बावजूद भी डाक्टर बन रहे हैं । जब एक डाक्टर एम०बी० बी एस० की परीक्षा, देकर निकलता है तो वह एक ओथ लेता है, वह उसकी जिन्दगी और मौत की ओथ है । उस ओथ को ये डाक्टर आज भूल गए । वे चूक गए । मैं यहां पर डाक्टरों की भी आडे हाथों लेना चाहता हूं । ये अपनी ओथ को भूल गए । इस ओथ में उन्होंने कहा था कि हम समाज में बिना किसी भेदभाव के, बिना किसी लोभ के, बिना किसी लालच के, बिना किसी माया के जनता की सेवा करेंगे । उस ओथ को आज वे भूल गए हैं । मतलब यह है कि एक तरफ़ सरकार चूकी है और दूसरी तरफ़ डाक्टर भी चूके है गलतियों दोनों की हैं । इस गलती को सुधारना आपका और हमारा फर्ज है। इसलिए आज हम इकट्ठा हुए हैं। पर मुझे बड़ा अफसोस है कि हड़ताल हुई ।

महोदय, जब मैं प्राइमरी कक्षा में पढता था तो मैंने एक मुहावरा सुना था कि "सौ सौ चुहे खाकर बिल्ली हज को चली" । इस कालिंग अटेशन को इनिशिएट करने वाले ऐसे मैम्बर हैं जो इस प्रोफेशन के हैं, सर्जन हैं । उन्होंने डाक्टरी प्रोफेशन के लिए एक बहुत बडा प्रपोजल बनाया, उन्होंने किस तरह से डाक्टरी का गला काटा है वह मैं आपको बता रहा हूं । वह डाक्टरों की बात कर रहे हैं। उन्होंने प्रोपोजल बनाया कि हमारे देश में हायर एजुकेशन के लिए अच्छी किताबे नहीं हैं । अच्छी वीडियों फिल्में नहीं हैं, जो क्रिटिकल आपरेशन होते हैं, स्पेशलिस्ट डाक्टर आपरेशन करते हैं तो उन सब की वीडियो फिल्में होनी चाहिए, वीडियो रेकार्डिग होनी चाहिए ताकि आने वाले भविष्य में जब हम डाक्टरी की शि ा दें तो वीडियो के माध्यम से उनको पढा सकें। मगर उपसभाध्यक्ष महोदय आपको यह सुनकर आश्चर्य होगा कि डाक्टर जैन ने ऐसा प्रोपोजल सबमिट करके भारत सरकार से इंपोर्ट लाइसेंस लिया । वीडियो रेकार्डिग के लाइसेंस की आप अगर प्रोसेसिंग करेंगे तो पता लगेगा कि उन्होंने बडे बडे प्लांट इंपोर्ट किए और इतना ही नहीं कंट्री में मैडिकल साइंस को ऊपर उठाने के लिए उन्होंने सरकार से सबसिडी ली, टैक्स का ऐक्जमशन लिया, कस्टम ड्यूटी का ऐक्जमशन लिया । उसके बाद उन्होंने सारी मशीनरी इंपोर्ट की । उन मशीनों से वह क्या बनाते हैं यह हम सब लोग जानते हैं ...(व्यवधान)

SHRIMATI BIJOYA CHAKRA-VARTY (Assam): May I know through you whether the hon. Member, Mr. Ahluwalia, is delivering a speech on Calling Attention or he is speaking on Dr. Jain?

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): What is the point of order?

SHRIMATI BIJOY CHAKRA-VARTY: It is almost a personal attack,

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): You can say that personal attack should not be there. Mr. Ahluwalia, you restrict yourself. Personal attack should not be there.

SHRI VITHALBHAI M. PATEL (Gujarat): He will reply. What is there?

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Let us restrict to the Calling Attention.

श्री सुरेन्द्रजीत सिंह अहलुवालिया : महोदय, यह पर्सनल अटैक नहीं है । मैंने मुहावरा सुनाया और अब उसका अर्थ बता रहा हूं कि वीडियो रेकार्डिग मशीन में जो कुछ बनाया गया उससे देश में कौमी दंगे करवाए । उसमें सौ सौ लोगों का खून किया, जो खून बहा, जो कौमी दंगों से रंग दिया उससे पूरे देश को कलंकित कर दिया ।

महोदय, जिस देश में लोग उगते सूरज को प्रणाम करते थे, जिस देश में लोग नमाज को प्रणाम करते हैं, उस देश में वीडियो फिल्म बनाकर ऐसी नफरत फैलाई...

श्री कैलाश नारायण सारंग (मध्य प्रदेश) : यह टोटली गलत है । इस तरह से नहीं बोलना चाहिए । इनका कहना टोटली गलत है... (व्यवधान)

डा० रत्नाकर पाण्डेय (उत्तर प्रदेश) श्रीमन, अहलूवालिया जी ने कहा कि डा० जै० के० जैन ने टैक्स बचाया । यह सदन जानना चाहता है कि किसमें बचाया क्योंकि किसी सदस्य पर आरोप लगाने के लिए फैक्टस भी देने चाहिए ..... (व्यवधान)

श्री सुरेन्द्रजीत सिंह अहलुवालिया : मशीनों के इंपोर्ट से बचाया । उपसभाध्यक्ष महोदय, शुरूआत ऐसे सज्जन ने की, डाक्टरों से ब्रीफ ऐसे सर्जन ने ली जो खुद कहां कहां फंसे हुए हैं ... (व्यवधान)

श्री दीपेन घोष (पश्चिमी बंगाल) : वकील डाक्टर ने शुरूआत की ... (व्यवधान)

श्री सुरेन्द्रजीत सिंह अहलुवालिया : महोदय, मैं सहमत नहीं हूं इस बयान से कि स्ट्राइक असफल हुई है क्योंकि ई०एस० आई० के 103 हास्पिटल हैं, 1266 डिस्पेनसरीज हैं, वे सारी की सारी बंद हैं रेलवे के जोनल हास्पिटल 110 हैं जिनमें करीब साढे 86 लाख लोग अपना ट्रीटमेंट लेते हैं । वे सारे के सारे बंद हैं । सी० जी०एस०एच० की आप बात करते हैं, वह दिल्ली में ही नहीं हैं, मुम्बई में हैं, पटना में में हैं, अहमदाबाद में हैं, देश के अनेक शहरों में हैं । वहा पर भी करीब साढे 35 लाख लोग इसका फायदा लेते हैं । उन्हें आज मैडिकल एड नहीं मिल रही है, वे दवाइयों से वंचित हैं कौन इसके लिए जिम्मेदार है ? क्यों ऐसे हालात पैदा हुए ?

उपसभाध्यक्ष महोदय, हम भारत जैसे मुल्क में बैठकर जहां कि डाक्टर और पापुलेशन का रेशियो एक और 2379 है, एक डाक्टर के लिए 2400 मरीजों का अनुपात है वहां हम स्ट्राइक बर्दाश्त नहीं कर सकते । पर ऐसे हालात पैदा हुए । जब हमारे सामने सुप्रीम कोर्ट का ब्यौरा आता है और उसको हम देखते हैं तो हमें शर्म आती है । 23-1-91 को कहते हैं :

"The learned Advocate for the Union of India stated that the concerned Deputy Secretary had. not been able to arrive on account of traffic congestion."

It is a stricture on the Government... (Interrupttons)...

गवर्नमेंट के लर्नेड एडवोकेट कहते हैं ट्रैफिक बहुत था इसलिए वह सुप्रीम कोर्ट कोई नहीं पहुच सके । यह शर्म की बात है

श्रीमती कमला सिन्हा (बिहार) : उनको कहिए हैन ।

माननीय सदस्य : और 500 रुपए का जुर्माना हुआ ।

श्री सुरेन्द्रजीत सिंह अहलुवालिया : 500 रुपए का जुर्माना उनको देना पड़ा ।

उपसभाध्यक्ष (श्री भास्कर अन्नाजी मासोदकर) जुर्माना नहीं कास्ट ।

श्री सुरेन्द्रजीत सिंह अहलुवालिया : आप जज रहे हैं, मैं तो जज नहीं रहा हूं । यह तो वैसे ही हैं जैसे सुप्रीम कोर्ट रिपोर्ट मांग रहा है और जेठमलानी साहब एवार्ड कह रहे थे ।

THE VICE-CHAIRMAN (SHRl BHASRAR ANNAJX MASODKAR): Please complete it. Your time is over.

श्री सुरेन्द्रजीत सिंह अहलुवालिया : इन हालात में वे कहां जाएं । आखिर इन डाक्टरों को भी इसके लिए कहीं जाना था । इसकी शुरूआत 1987 को हुई । आज के वर्तमान प्रधान मंत्री ने अपील जारी करके स्ट्राइक खत्म करने के लिए कहा । मेरा आपके माध्यम से और इस सदन के माध्यम से स्वास्थ्य मंत्री जी से गुजारिश है कि वह भी एक अपील जारी करें कि स्ट्राइक खत्म की जाए । स्ट्राइक खत्म करने के लिए वह पहल करें

श्री सुरेन्द्रजीत सिंह अलुवालिया : धर्म शास्त्रों में पढा है कि अगर कोई आदमी प्रेम की भावना से एक कदम उठाता है तो भगवान उसके लिए दस कदम उठाता है । आज स्वास्थ्य मंत्रालय और स्वास्थ्य चिकित्सक आपस में क्यों लडें । स्वास्थ्य चिकित्सक नहीं रहेंगे तो स्वास्थ्य मंत्रालय भी नहीं रहेगा ।

माननीय सदस्य : और इस देश का स्वास्थ्य भी नहीं रहेगा ।

श्री कैलाश नारायण सारंग : आज यह ज्ञान की बातें कर रहे हैं ।

डा० रत्नाकर पाण्डेय : कठोपनिषद् से कोट कर रहे हैं ।

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Please come to the last point.

SHRI S. S. AHLUWALIA: I am coming to the point.

स्वतंत्रता हासिल करने के बाद हरेक कर्मचारी को हरेक राजनीतिकविद को, हरेक आदमी को अपनी बात कहने का हक है । इस हक से हम अपने डाक्टरों को भी वंचित नहीं कर सकते । आखिर इन्होंने इतना बडा लम्बा रास्ता तय किया है । यह स्ट्राइक लोगों की भावना से जुडी हुई है । अगर किसी कुटुंब में आदमी बीमार है और वह डाक्टर नहीं मिलता है तो वह आदमी डाक्टर के खिलाफ हो जाता है, वह होस्पीटल जाकर देखता है कि वहां डाक्टर नहीं है, उसकी मां बीमार है, मरने वाली है, बाप बीमार है, भाई बीमार है, मरने वाला है, तो वह आदमी डाक्टर के खिलाफ हो जाता है । यह जो खिलाफ की भावना जनता में जग रही है स्वास्थ्य मंत्रालय को इसका दुरुपयोग नहीं करना चाहिए । इसको खत्म करना चाहिए । खत्म करने के लिए क्या अच्छा रास्ता है ? यह जो टिक्कू कमीशन का डिसीजन है, यह जो उन्होंने रिपोर्ट तैयार की है उनके लिए जो टर्म्स आफ रिफरेंस बनाने का काम है, किसी और का नहीं है । हमारी कांग्रेस सरकार ने बनाया था । हमारी अपनी सरकार ने बनाया है । इसको इम्पलीमेंट करना हमारा फर्ज बनता है । पर मुझे अफसोस है कि हम पिछड रहे हैं । हम लडाई में पीछे छूट गए हैं ।

इस मामले को डाक्टरों ने अपनी प्रतिष्ठा का विषय बना लिया है और मंत्रालय ने भी अपनी प्रतिष्ठा का विषय बना लिया है । यह प्रतिष्ठा का सिलसिला ज्यादा दिन नहीं चल सकता । मेरी आपके माध्यम से सरकार से और डाक्टरों से, मैं समझता हूं कि इस पर पूरा सदन सहमत होगा । कि यह सदन अपील करे कि डाक्टर तुरन्त ड्यूटी जोयन करें और स्वास्थ्य मंत्रालय उनको तुरन्त बुलाकर एक समझौता बैठक बुलायें और हम समझौता करें ।

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Is it the consensus of the House that the strike should be withdrawn- and the Government should negotiate?

SOME HON. MEMBERS: Yes.

SHRI P. UPENDRA (Andhra Pradesh) : Simultaneously.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Yes, simultaneously both should happen. If it is so, I will record it *(Interruptions)*.

SHRIMATI KAMLA SINHA: The Government should come put with a positive proposal and sit at the negotiating table with the striking doctors.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): What Mr. Ahluwalia suggested... *(Interruptions).*

SHRI V. NARAYANASAMY:./. They should join duty. (Interruptions) .

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): If it is the consensus of the House, I can record it. Otherwise, not. Simultaneously, the doctors will withdraw ¡ and the department will negotiate with them. Mr. Minister, can this be recorded in this form?

SHRI M. L. FOTEDAR; I have absolutely no objection. In case they withdraw the strike, I am ready with open hands, open mind... *(Interruptions)* .

SHRIMATI KAMLA SINHA: No. You should sit with them and negotiate. *(Interruptions).*

SHRI S. S. AHLUWALIA; Simultaneously.

SHRI M. L. FOTEDAR: If it is simultaneous, I have no objection.

SHRIMATI BIJOYA CHAKRA-VARTY: You should sit at the table and discuss the points. *(Interruptions)* .

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Please allow me to take the consensus of the House. *(Interruptions).*

SHRI DIPEN GHOSH: ...There is a procedure to call off the strike. It is not a question of some individuals calling off the strike. They have not an organisation. They have got to take a decision. You try to understand.

SHRI V. NARAYANASAMY: Let them have trade-unionism outside the House, not here.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR)'. If you all agree, we will record a concensus.

THE VICE-CHAIRMAN (SHRI
SHRI DIPEN GHOSH: Try to understand. (Interruptions). To mitigate the human sufferings, for the sufferings to come to an and, surely, we the Members of Parliament will help and cooperate with the Government. But at the same .time, the Government has also create a conducive situation. You try to understand. They had given a strike notice two months ago.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR) Mr. Ghosh, we are not on the mechanics. (*Interruptions).*

SHRI V. NARAYANASAMY: He is on technicalities. Let them withdraw the strike and let the Government negotiate with them. What la the difficulty in it?

SHRIMATI BIJOYA CHAKRA-VARTY: Why are you shouting?

SHRI V. NARAYANASAMY: I am not shouting. I am raising my point. I can also raise my points. It is not your prerogative only.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): MT. Ghosh... *(Interruptions).*

SHRI DIPEN GHOSH:.. .He is a politician. He is a public representative. He should not stand on prestige. He should raise above all these
things.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): I am not on the Minister; nor am I on the doctors. Here, what should be done by the House? We are considering it as an appeal by the House.

SHRIMATI KAMLA SINHA; The Minister should not make it a prestige issue.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR)': That is right. Mr. Upendra, do you want to say something? I will call you as far as the motion is concerned. Is it the consensus of the House that we should appeal to both the doctors and the Government?

SHRI P. UPENDRA: I am happy that the Minister has shown. Soma

[Shri P. Upendra]

positive approach. We should continue that and we should take the lead from that. In the morning itself, I suggested to him that you should take {simultaneous action. There are three aspects involved in this. One is the doctors' withdrawing their strike; the Government keeping the memorandum in abeyance till the talks are over and then withdrawing the case from the Supreme Court because day after tomorrow, it is coming up for hearing. One© the court fixes it for hearing, then the Government will lose initia. tive. Only one day is left, that is tomorrow. Therefore, the Minister hag to act quickly and I am happy that the Minister has shown a positive approach.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): But he said, he has no objection. If you all agree, then we record like this.

> "The consensus is that we appeal to the doctors to withdraw the strike and we ask the Government to siaaulteneously start the negotiations with, regard to their demands."

SHRI P. UPENDRA: And the Supreme Court be requested.

THE VICE-CHAIRMAN (SHRI BJHASKAR ANNAJI MASODKAR): We cannot do that. We are only on that. This win be recorded as an appeal by this House of Elders. *(Interruptions)* .

श्री कैलाश नारायण सारंग : गवर्नमेंट पहले अपील करे और डाक्टर भी कहें कि हम विदड्रा कर रहे हैं, ऐसी बात होनी चाहिये।

उपसभाध्यक्ष (श्री भास्कर अन्नाजी मासोदकर) : गवर्नमेंट का सवाल नहीं है, अपने हाउस का सवाल चल रहा है, यह पार्लियामेंट कर रही है।

I think whatever is recorded is all right. *(Interruptbns.).*

SHRI P. UPENDRA: Sir, the hon. Minister has shown a positive approach. Now two things are to be done. He has to appeal to the doctors to withdraw the strike. The doctors have to withdraw the strike... (I»-*terruptions)...*

THE VICE-CHAIRMAN (SHRI EHASKAR ANNAJI MASODKAR): We are not leaving it to the Minister.

SHRI P. UPENDRA: Meanwhile,, that memoranudm has to be kept ia abeyance until the talks are over.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): I think our appeal is more weighty than the appeal of the Minister. *(Interruptions)* . This is an appeal made' by the House.

SHRIMATI KAMLA SINHA: Sir, you have been a judge. You being in the Chair, the onus of justice delivered to the doctors after this resolution is passed, will lie on you.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): No onus on the Chair. It is on the House. I represent you all while I sit here.

[The Deputy Chairman in the Chair.]

THE DEPUTY CHAIRMAN: Now, the Vice-Chairman apprised me that there is a consensus in the House that an appeal should go from the House that the doctors should withdraw their strike and simultaneously, the Minister will start negotiations. I want a confirmation from the Minister.

SHRI M. L. FOTEDAR: Madam, you may add one thing. *I* will invite the Leaders of Opposition for a dinner along with those people. *{Interruptions)* .

THE DEPUTY' CHAIRMAN: *tending* the Chair?

SHRI M. L. FOTEDAR: All of you.

THE DEPUTY CHAIRMAN: I want to be- very clear in appreaeli. If this appeal is going from this House, I want to be sure that the Minister is also a party to it that he would be starting the negotiations simultaneously if the doctors withdraw their strike and the dinner party we will discuss a little later.

SHRJ M. L- FOTEDAR: Madam, I must be very frank. I am a democrat. I submit to the consensus of the House. I don't believe *ka.* ooar-cion. I believe in persuasion. I don't believe in 'persecution. I believe in cooperation. I agree to the consensus of the House. I am also making an appeal to my children, to my fellow brethren in the Medical Science te call off the strike and simultaneously I will start negotiations and while negotiating I will invite all those people who have participated in the discussion...

THE DEPUTY CHAIRMAN: And also those who have conducted the proceedings?

SHRI M. L. FOTEDAR: Yes, Including the Chair.

THE DEPUTY CHAIRMAN: Thank you. I think it is a very good thing! which has happened and I think in the Same spirit we take it and it is recorded and that closes the discus? sion there... *(Interruptions}* ... That closes qur discussion. I am vsery happy and I think in the same maimer the appeal which Mr. Narayanasamy has made in the morning will have its effect on the other strike which is in the offing... *(Interruptions)*

SHRI V. NARAYANASAMY: Madam, I have made an appeal...

THE DEPUTY CHAIRMAN :Now he has replied to all the demands... *tbtterrttpttons)*

SHRI *V,* E, BALARAM. (Kerala): Madam, Mr. Narayanasamy's appeal is a different one. We will discuss it the day after tomorrow.

(interruptions)

SHRI V. NARAYANASAMY-: Madam, as the country is facing an economic crisis, we want the cooperation of all... *(Interruptions}*.

SHRI DIPEN GHOSH: What authority have you got to make an appeal?

(Interruptions)

SHRI KAMAL MORARKA, (Rajasthan).; Madam, let us not complicate the matter.

THE DEPUTY CHAIRMAN; Dont get agitated.

SHRI KAMAL MORARKA: I dont think we should complicate the issue.

THE DEPUTY CHAIRMAN: Nothing is complicated. I am starting a new business.

SHRI KAMAL MORARKA: These is no concensus. We may not give a signal from this House as if only we are asking the doctors to withdraw the strike.

THE DEPUTY CHAIRMAN: no; he No, is committed.

SHRI KAMAL MORARKA: No, the memorandum, is not kept in. abeyance. Till the memorandum is kept in abeyance, what is the use .ot having a discussion? The House should not become a party to taking sides... (Interruptions)

THE DEPUTY CHAIRMAN: Don't get agitated. Whatever you want to say, you say it. We are still carrying on the discussion. If the House so agrees, we will go ahead. If the House does not agree, it is fine. The Minister has agreed... (Interruptions)

SHRI KAMAL MORARKA: Madam, you den-'t want to understand what I am saying... (Interrup-*tiens}*. -

THE DEPUTEY CHAIRMAN : person at a time. I can't undersatand if ten people start speaking to there

[The Deputy Chairman]

... *(Interruptions)* . ..One person should explain the complication... *(Interruptions)*.. .Just a minute. Let me listen to one person.

SHRI P. UPKNDRA; Madam, it is clear that the doctors should withdraw their strike in response to the appeals of the hon. House and the hon. Minister and the Minister will simultaneously start negotiations. To facilitate free and frank negotiations with an open mind the Minister can assure that this memorendum will be kept in abeyance until the talks are over. That's all.

(Interruptions)

THE DEPUTY CHAIRMAN: I request the hon. Members that if it is the opinion of all of you, then one spokesman should speak and I am sure I will also fully understand it and so will the Minister because we don't want to complicate the issue. II you feel, just person should speak and let the Minister react to it. O.K. Now what I understand is that you want the memorandum to kept in abeyance because the negotiations are going on. O.K. Now let the Minister react to it and let this word be answered first.

SHRI M. L. FOTEDAR: Madam, you have already sought the consensus of the House and in pursuance of the consensus of the House I also make an appeal—it is unconditional on both sides—that the doctors will look to the care of the patients and I will look to the care of the doctors. Simultaneously I will call them for negotiations, invite them to a dinner also. I invite all the Members of this House to a dinner. We will negotiate with an open mind and I will have absolutely no reservation... *(Interruptions)* ... When you say 'unconditional', there will be no condition on this side or that side except that dinner will be the condition and all of you will have to tome.

THE DEPUTY CHAIRMAN: I think it is very clear... *(Interruptions)*...

SHRI P. UPENDRA: Let there be no ambiguity... *(Interruptions)*...

SHRI KAMAL MORARKA: Madam, you are saying that the stand ot the Government is right and the doctors are wrong. I am not a party to it. You record the dissent of one person. I am not a party to it.

THE DEPUTY CHAIRMAN: Nobody is saying that.

SHRI P. UPENDRA: Madam, ten thousand doctors have to decide. There is an association. At any rate we cannot implement this memorandum until the talks are over. WelL he can say that. In one day it cannot be implemented or in two days it cannot be implemented. It is a long. standing problem. You can agree to this that until the talks are over, the Government should keep this memorandum in abeyance, and not withdraw it.

THE DEPUTY CHAIRMAN: Will you please sit down? Let me listen to Dr. Jain.

DR. JINENDRA KUMAR JAIN: I am concerned with the dignity of this House. Let us not forget that there is an appeal by no less a person than the Prime Minister and this appeal was not heard. The doctors are very gravely hurt. There is a credibility gap. The Minister cannot today get the things done because he is not trusted. But I don't want to create a situation that the entire appeal of this House goes unheard and with the kind of the stand that the hon. Health Minister is trying to take, I am afraid, that will be the fate of our appeal. I don't want to be a party to any such appeal. It is a simple thing. Should it be an appeal... *(Interruptions)*

THE DEPUTY CHAIRMAN: Now, will you please stop the cross.talks? Let me hear what he says.

DR. JINENDRA KUMAR JAIN: My point is that if there is any basis for what he is doing, he must talk to the doctors

THE DEUPTY CHAIRMAN: He agreed.

DR. JINENDRA KUMAR JAIN: Ha is not doing a favour... (Interrupttons)

THE DEPUTY CHAIRMAN: Dr. Jain, - will you please take your seat? I will explain to you. Perhaps, you were not there. (Interruptions) .. .1 will listen to you. The appeal was made by the Members off this House cutting across party lines. Everybody agreed. The Minister agreed for an unconditional discussion. That is what he said before you in the House. He said that if the doctors withdraw on the appeal of this House the strike, simultaneously he will start the negotiation with them and he is inviting all. of you to be party to it and listen to it. This is what he says.

(व्यवधान) आप बैठिए पहले। मैंने आपको सुन लिया है।

SHRl DIPEN GHOSH: Madam, there is some point. I have heard Mr. Fotedar quite rightly. He will be inviting them for negotiations. What will he be negotiating? He will be negotiating as to whether the Tikku Committee report should be implemented partially or wholly, whatever it may be. So, naturally, when he agrees to start negotiation with the doctors, for all practical purposes the 14th November memorandum has to be kept in abeyance. Because if you implement the 14th November memorandum and at the same time call the doctors for negotiations, it is meaningless. (So, naturally, there must be an understanding on the floor of this House that the 14th November memorandum will be kept in abeyance till an open-minded discussion takes place. *(Interruptions)*

SHRI M L. FOTEDAR: Madam,... (Interruptions).

THE DEPUTY CHAIRMAN: Le; him clarify.

SHRI M. *U* FOTEDAR: I will clarify, Mr. Ghosh. You jus-,, listen to me. So far as the 14th November memorandum is concerned, this is the decision of the Cabinet which is taken in response to the direction of the Supreme Court and it is a part of the Supreme Court file now. What. ever has been done so far in pursuance of that memorandum cannot be stayed. But whatever pertains to the striking doctors, that is, the GDMOs, will be' considered. On my table also many cases of promotion of GDMOs are pending. After meeting the Leaders of the .Opposition we will see how this .GDMOs will.be benefited and how many^ hundreds of them will be benefited. I will show how sympathetic the Government is towards them.

DR. JINENDRA KUMAR JAIN: The issue is: Are you going to make a cadre? Are you going to make a system of providing cadre? That [is] the issue we are interested in.

SHRI P. UPENDRA: The Minister has created a very favourable atmosphere. *(Interruptions)*

THE DEPUTY CHAIRMAN: Please, Dr. Jain. Don't complicate the issue.

अभी जो बात हो रही है वह हो जाए।

श्री दिग्विजय सिंह (बिहार): महोदया, एक मुद्दा है कि 14 नवम्बर के मेमोरेंडम को अबेयेंस में रखा जाए या नहीं। अगर मंत्री महोदय इस पर तैयार हैं तो बात खत्म हो गयी। खामख्वाह बात को बढ़ाया जा रहा है।

SHRI P. UPENDRA: Madam, he has created a favourable atmosphere and we have to agree to it. *(Interruptions)*

•THE DEPUTY CHAIRMAN: T will tell you just as I understood the whole thing. The thing is that the Minister, as you said, is acting in a favourable way. He is starting the negotiation. As I understood what he paid on the floor of the House, it was Cabinet decision, the 14th November mitikiorandum is a Cabinet decision. Does a Minister have the authority to keep it in abeyance without the Cabinet's approval? That is his point.

SHRI KAMAL MORARKA- Way should the House issue an appeal, let the Cabinet stew in its own juice.

श्री सिकन्दर बख्त : सभापति महोदय, मैं अर्ज कर रहा हूं कि आनरेबल मिनिस्टर यह कह सकते हैं कि मुझे तो इत्तिफाक है, लेकिन इसका फैसला करने के लिए कैबिनेट के सामने से जाऊंगा कि 14 नवम्बर का मामला जब तक नैगोसियेशन खत्म न हो, उस वक्त तक अवेयस में रखा जाए । इतना कहिए आप ।

†[شری سکندر بخت: صدر صاحب-

میں عرض کر رہا ہوں کہ آنریبل منسٹر یہ کہہ سکتے ہیں کہ مجھے اتفاق ہے - لیکن میں اسکا فیصلہ کرنے سے کیبنٹ کیبنیٹ کے سامنے لے جاونگا - کہ ۱۴ نومبر کا معاملہ جب تک نیگوسی ایشن ختم نہ ہوں - اسوقت تک ابیونس میں رکھا جائے - اتنا کہیئے آپ -]

SHRI P. UPENDRA: Some of us have worked as Ministers. We know the procedure. We "know the working of the Cabi net. A Minister has got that much leeway to keep it pending, because the day after tomorrow the Government has to go before the Supreme Court, some of the doctors have to go before the Supreme Court and they can tell the Supreme Court they can tell Hie Supreme Court that negotiations are being started. The Supreme Court itself said in its judgment, "Mr, Bhandare apprehended that our order may "be understood to mean that no negotiations or ilia-logue can take place between the striking doctors and the Government. That is not the tenor of our order." The Supreme Court itself said it. This facilitated an out-of-eourt settlement. Therefore, they have to go before the Supreme Court, both the parties. At that time they can say we are keeping it in abeyance till the negotiations are over. And he can go before the Cabinet again.

SHRI M. L. FOTEDAR: I do not want to enter into a discussion. I am very clear in my mind, as clear as it can tie, that it has to be unconditional. A decision which has been taken in pursuance of the directions of the Supreme Court and which has "been implement-id cannot be taken back.

SHRI DIPEN GHOSH: Why are you complicating it?

THE DEPUTY CHAIRMAN: Have patience, Mr. Dipen Ghosh. If you want to state your view, let the Min. ister complete. Listen to the Minis-er. Don't stop him from speaking.

SHRI M. L. FOTEDAR: I can say negotiations with an open mind, un-conditioaal.

DR. JINENDRA KUMAR JAIN: What do you mean by open mind? We can't be a party to such a statement.

श्री सिकन्दर बख्त : मैंने कहा है कि आप कमिटमैंट न कीजिए . . (व्यवधान) . .

†[شری سکندر بخت : میں نے کہا ہے کہ آپ کمٹمنٹ نہ کیجئے-

. . . (مداخلت) . . .]

SHRI P. UPENDRA: Unless it is specified by the Minister, an appeal from this House will not work. On the contrary, it will be counter-productive. It will not facilitate with-drawal of the strike by the doctors. We cannot be a party to such a thing.

† [ ] Transliteration in Arabic script.

श्री सिकन्दर बख्त : यह एक अहम मीडियल बात कर रहे हैं। कोई इनको यहां से कमिट नहीं करवा रहा है। हम यह कह रहे हैं कि जो कैबिनेट ने फैसला किया है, आप सिर्फ इतना कहिए कि "मैं केबिनेट के पास वह मामला लेकर जाऊंगा", इसमें आपको क्या दिक्कत है।

†[شری سکندر بخت : یہ ایک اہم میڈیل بات کر رہے ہیں کوئی انکو یہاں سے کمٹ نہیں کروا رہا ہے - ہم یہ کہہ رہے ہیں کہ جو کیبنیٹ نے فیصلہ کیا ہے آپ صرف اتنا کہئے کہ میں کیبنیٹ کے پاس وہ معاملہ لیکر جاونگا) اسمیں کیا دقت ہے -]

एक माननीय सदस्य : नहीं, नीयत ठीक नहीं है।

उपसभापति : मंत्री जी अगर आप यह कह सकते हैं कि कैबिनेट के पास आप बात करने की कोशिश करेंगे—केबिनेट माने या न माने, यह आपकी जिम्मेदारी नहीं है।

एक माननीय सदस्य : मैडम डिप्टी चेयरमैन, आपको तो ऐसा नहीं बोलना चाहिए।

श्री सिकन्दर बख्त : सवाल यह है कि यह यहां कहें कि मैं केबिनेट को मनाने की कोशिश करूंगा।

†[شری سکندر بخت : سوال یہ ہے کہ یہاں کہیں کہ میں کیبنیٹ کو منانے کی کوشش کرونگا -]

उपसभापति : आप तो मेरी बात भी नहीं सुन रहे हैं। मेरी बात तो सुनिये। मैं यह कह रही हूं कि–

It is quite possible that there are . some technical problems. How can he commit himself to something that is heyofld his purview?

SHRI DIPEN GHOSH: There is no technical problem.

SHRI KAMAL MORARKA: It is not unconditional and the Minister has said that he will start negotiations after the doctors withdraw the Strike.

THE DEPUTY CHAIRMAN: Simultaneous. He did not say 'after'

SHRI KAMAL MORARKA: I. have not understood... (Interruption by *Shri V. Narayanasamy)*

श्री सुरेन्द्रजीत सिंह अहलूवालिया : सबसे बड़ा प्राबलम यह है कि जब यहां चर्चा होती है, जो सदस्य यहां उपस्थित नहीं रहते, चर्चा के बारे में नहीं जानते, अपील के बारे में नहीं जानते... **(व्यवधान)** यह टोटल कनफयूजन होता है... **(व्यवधान)**

THE DEPUTY CHAIRMAN: Mr. Narayanasamy, please do not interrupt.

श्री सुरेन्द्रजीत सिंह अहलूवालिया : उपसभापति महोदया, मेरी गुजारिश आपसे फिर है और आपके माध्यम से स्वास्थ्य मंत्रालय को भी है और विपक्ष के सदस्यों से भी है कि यह एक राष्ट्रीय समस्या है और इस राष्ट्रीय समस्या का समाधान होना बहुत जरूरी है। यहां हम अपने इगो को लेकर नहीं चल सकते। हमने जैसा रेक्वेस्ट की कि एक साथ, साइमल-टेनियसली स्ट्राइक विदड्रा हो और यह अपनी नेगोसिएशन शुरू करें। अगर विपक्ष के सदस्यों को या कांग्रेस के सदस्यों को, कुछ को अगर स्वास्थ्य मंत्रालय में भरोसा नहीं है, मैं इतनी भी गुजारिश करता हूं कि उस नेगोसिएशन में हर पार्टी का एक सदस्या लिया जाए जो नेगोसिएशन में उपस्थित रहे। .... **(व्यवधान)**

श्री कमल मोरारका : हम किसलिए रहें। .... **(व्यवधान)**

उपसभापति : अच्छा, तो आप मत रहिए, मगर गुस्सा करने की क्या बात है।

† []Transliteration in Arabic Script.

श्री सूरेन्द्रजीत सिंह अहलुवालिया : दूसरी बात, 14 तारीख के मेमोरेंडम की बात है। 14 तारीख के मेमोरेंडम के बारे में स्ट्राईकिंग डाक्टर्ज के दिमाग में यह द्वेष था कि यह स्वास्थ्य मंत्रालय ने 14 तारीख का मेमोरेंडम हमें विभाजित करने के लिए निकाला है, पर बड़े अफसोस की बात है कि अब हम इस मामले में विभाजित हो रहे हैं। 14 तारीख का मेमोरेंडम अब एक हिस्सा बन चुका है। मैं फिर स्वास्थ्य मंत्री महोदय को दरख्वास्त करूंगा आपके माध्यम से कि इसको एक अहम मुद्दा न बनाएं और अगर जरूरत पड़ती है तो कल को कैबिनेट में इसको ले जाएं। कैबिनेट अगर डिसाइड करती है तो ठीक है, किन्तु तब तक यह स्ट्राईकिंग डाक्टर्ज का फैसला हो चुका होगा। इसमें कोई दिक्कत की बात नहीं है। ... (व्यवधान)

श्री दिग्विजय सिंह : हम लोग भी यही कह रहे हैं जो यह आप कह रहे हैं। ....(व्यवधान) जो बात आप कह रहे हैं, वही बात तो हम लोग भी कह रहे हैं। ...(व्यवधान) नहीं हम कह रहे हैं।

PROP. SAURIN BHATTACHARYA (West Bengal): Madam, just one point. As soon as the Health Minister begins the discussion, it is a new situation. The question of memorandum does not remain... (Interruptions)

SHRI V, NARAYANASAMY: Madam, I want to raise one point. The matter, is pending, before the Supreme Court... *(Interruptions)*

SHRI DIGVIJAY SINGH: Don't bring the Supreme Court" here... *(Interruptions)* ... Why are we discus-cussing it then?... *(Interruptions)*

SHRI V. NARAYANASAMY: Madam, the Tikku Committee has submitted its report and it has made certain recommendations. The report is before the Supreme Court. Now, when they start with negotiations, the Government, the Cabinet will have to go before the Supreme Court. (Interruptions)

SHRI KAMAL. MORARKA: What is this Supreme Court... (Interruptions)

THE DEPUTY CHAIRMAN: Now, I cannot allow such discussion to take place in the House. I do not want to have any more discussion on this issue. If the Members unanimously agree and if they want to make an appeal, fine, I can be a party to the consensus appeal of the House. If there is no such appeal and you want the discussion to continue, it is okay with me. You can continue the discussion.. *.(Interruptions)*

SHRI DIGVIJAY SINGH: Madam, may I suggest one thing? Can't we adjourn for 5 minutes and we could discuss it in your chamber and then come back to the House... *(.Interruptions)*

THE DEPUTY CHAIRMAN: . If the Minister so agrees, we can adjourn the House for 5 or 10 minutes. We can have a discussion in the Chamber, come back and then continue with the discussion.

SHRI M. L. FOTEDAR: Madam, we can have a discussion in your chamber for even one hour. But I must say, I must reiterate very firmly, frankly and candidly in all humility that any decision taken by the Cabinet cannot be kept in abeyance... *(Interruptions)*

THE DEPUTY CHAIRMAN: All ; right. Why not let somebody put forth his point of view? Yes, Mr. Masodkar, you kindly take the Chair. . ..

[The Vice-Chairman (Shri Bhaskar Annaji Masodkar) in the Chair].

THE VICE-CHAIRMAN (SHRl BHASKAR ANNAJI MASODKAR): Now, Kumari Kenia. Not here. Yes, Mr. Lather.

SHRIMOHINDER SINGH LATHER (Haryana): Sir, the Minister is not here. Who is goiiyj to hear my speech... *(.Interrupttons)*

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): There is a Minister here. You please start... (Interruptions)

SHRI MOHINDER SINGH LATHER: Thank you, Sir. I would like to submit before this House that the Government has not taken the doctors' strike seriously. Everybody in this House and outside is really worried about it except the honourable Health Minister... (Interruptions)

AN HON. MEMBER; We cannot hear what you are saying.. .(Inter *ruptUma)*

डा० जगदीश अहमद (राजस्थान) : उपसभाध्यक्ष महोदय, दोनों मंत्री जा रहे हैं। डिस्कशन कौन सुनेगा ? नोट्स कौन लेगा ?

SHRI MOHINDER SINGH LAT HER: What can I do? I have been asked by the Chair to speak... (Interruptions)

SHRI G. G. SWELL (Meghalaya): Sir, what is really going on here in the House now? I cannot understand. *(.Interruptions)*

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Let us hear Mr. Lather on the Calling Attention Motion... (Interruptions) ...

SHRI A, G. KULKARNI (Maharashtra): He is on the Calling-Attention Motion.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Yes, Mr. Lather, you continue.

SHRI MOHINDER SINGH LATHER: Sir. I am not against the appeal going from the House. But the Government must be serious about it. They are treating the doctors very casually. Only the best students in our society get admission in the medical colleges. They spend a let of money ahd they go through a very long period of education and training. They spend more than naif of their lifetime studying and getting training to become medical experts atid this is how the Government is treating tfieste doctors shabbily. They vilso owe a responsibility to their families. Here I would like *to* submit that these doctors cannot get their full pension because they cannot put in the required number of years of service after going through their long training.

Sir, I would like to submit that what I have been seeing is that the Health Minister has been blaming the previous Governments. At least *of a change this habit should stop. It is the present Government which is answerable and responsible to this House and also to the people. It has become a habit with the Government first to appoint committees—the purpose is only to gain time—and when the committees submit their reports, they are not taken seriously and the reports of these committees axe thrown into the wastepaper basket. When such committees are appointed, it is the duty of the Government to accept the recommendations of such committees. But what has happened in the present case? Out of 32 recommendations, only live have been agreed to by the Government and the rest of the recommendations have been ignored. It is a climb-down. It is correct to say—arid here I agree with some of the honourable Members—that it is the duty of the doctors to do service to the people. But the Govemment also owes something to the doctors. The doctors are not-treated on par with the members of the other All-India Services like the IAS and the IPS. Even n small BDO becomes the disbursing authority who disburses the pay to the doctors. But the doctors are not respected and axe

[Shri Mohinder Singh Lather]

not paid well. When we expect special services from them, we must also provide special amenities to 4.00 P.M. the doctors. Sir, it is said that the doctors have demanded so much. The doctors are not demanding the moon. But I would like to say that the Government is trying to divide the doctors into two groups, one of general doctors, service doctors, and duty medical officers, and the other of teachers and specialists. There should not be any demarcation, there should not be any discrimination between the two. The senior doc. tors have also filed petitions, the senior doctors have also taken objection to some of the provisions of the Tikku Committee. And I will cite one example. While the Committee has recommended the scale of Rs. 7300-7600 in the SAD grade for the GDMOs, it has kept the Medical Professors in the scale of Rs. 4500-5700. This looks to b$_e$ very ridiculous. The teachers are the cream of doctors. It is the teachers who produce the doctors. The Government must take care of the teachers and the experts, and they must also take care of the general medical officers. The Government is blaming that the doctors are putting pressure on them. What can they do? There is no alternative. Who is responsible to compel the doctors to go on strike? They will be certainly go on strike. The will be certainly not happy to continue with the strike. But it Is the Government which is not serious. The Government is standing on false prestige. All the just recommendations of the Tikku Committee must be agreed to by the Government. Further, special care should be taken to provide facilities to these people at par with the All India Services. And a very good suggestion has been put forward by Dr. Jain that there should be an All India Medical Service. Teachers and experts should foe provided amenities and respectability so that they do not indulge in malpractice and private practise or such sort of things. The doctors belong to us; they belong to the society. They are ready to serve us if we provide them with all the facilities that they deserve.

Sir, I would like to point out another thing. This Committee has been made a controversial Committee. It was never a controversial Committee. But, when the Committee was appointed, all the points of controversy were raised by the senior doctors at the instance of the Government. I am sorry to say, Sir, that by dividing the medical profession, we are not serving the nation or the people who are suffering, the patients. You see, Sir, how lightly the hon. Health Minister has taken it. Although 8,000 doctors have gone on strike, h$_e$ has said that nothing has happened, nothing has changed and that all the work in the hospitals is going on as per the routine, and no patient is suffering, nobody has died. This is the strange attitude that they have taken. I must say that the Government and the Minister must change this attitude if they want the doctors to cooperate with them. And I for one want to join the House in appealing to the doctors. But the Government must show its willingness to ameliorate the lot of the doctors and remove their difficulties. Thank you, Sir.

SHRI N. E. BALARAM: Sir, now, inside the Chamber...

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): The things are cooling down.

SHRI N. E. BALARAM: .. .I think, they are going to make some compromise efforts so that the strike that is going on for the last 12 or 13 days will come to an end. But I would like to sav that nobody is happy about the strike. I want to make it clear. Not only th$_e$ Members of Parliament, but even the doctors—

yesterday, I had an occasion to meet some of these doctors who are on strike—are not happy about the strike The doctors themselves admitted that they are not happy about the strike. They said that they want to put an end to the strike as early as possible provided there is an opening for a dialogue and discussion. There is no point in advising the doctors from this august body, telling them that their service is a very glorious one based on humanitarian principles, and why they should go on strike. I don't think there is any need of it. They themselves know that they have gone on strike as a last resort. This is what I understood from the discussion. But I am sorry the Minister is not here. The Government has not taken this issue very seriously.

THE VICE-CHAIRMAN (SHRl BHASKAR ANNAJI MASODKAR): But the Minister is here.

SHRI N. E. BALARAM: I am talking about the concerned Minister.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): I am the concerned Minister.

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): New, you are sorry after having seen the Minister.

SHRI N. E. BALARAM: What I am saying is: he says that he is prepared to discuss the entire issue with an open mind unconditionally. I think, that is a very good idea. From the Question Hour onwards I was seeing the attitude of the Minister, and through the Minister the attitude of the Government. My complaint is that the attitude was not at all helpful, as far as I am concerned. If the Government had taken up this issue very seriously, the entire discussion would have been in a different form. We are discussing the issues of the doctors. What are the main issues posed by the doctors' strike? Forget about the strike. Some new problems have come before the country which we have been debating for the last so many years. When there was an agreement a Memorandum of Understanding was signed. The idea of forming a committee came out from there. It was very clearly stated that they were thinking of forming a committee—Tikku Committee. In the Memorandum of Understanding the attitude of the Government was veiy clearly stated, according to me. 1 will read one or two sentences.

> "Government will set up a High Power Committee under an ex-jerienced senior officer as Chairman with three doctor members and one member with experience of Personnel Man-angement. The High Power Committee will look into all aspects of career improvement and cadre restructuring and make proposals with a view to enable service doctors to take their due place among the best of Group 'A' services of the Central Government and ensure similarity in career prospects among the four sufo-cad-res of the CHS. The Committee will submit its report in six months."

This was the idea. The main purpose of this idea was, the main dispute at that time was whether the doctors of all categories will get a chance to come *to* the level of the best of Group 'A' service. This was one of the ideas. This was the main idea on which the Committee was formed. In >the report in Clauses 6 and 7, it was very clearly stated that the Committee has emphatically re-commended that as a system the doctors can get at least best of Group 'A' level after some time. These are the seven recommendations of that committee. I want to know what is the attitude of the present

[Shri N. E. Balram]

Government towards that particular problem. If the Government feels that this is not the time to implement such a proposal they should tell us with reasons. Sometimes 1 can agree with them; sometimes I cannot. But the way in which the statement has been made by the Minister is very funny. I am sorry to say that. It should hot be in that manner. What was the demand made by the doctors? What Were the recommendations made by committee? I will read out a portion from the Minister's statement: "It is also being made out by the striking doctors that the package announced by the Government on 14th November, 1991 docs not significantly improve the career prospects o'f service doctors." Btit this was not their demand. This is being put into the mouth of the doctors. The statement is far from truth. Then the Statement further goes on to say: "To cite only a few examples, the number of posts in the higher administrative grade (equivalent to Addl. Secretary to the Government of India) has been doubled from the existing 6 to 12." But what was the demand of the doctors and what were the recommendations made by the Tikku Committee report? What was the attitude of the report? Nothing has been mentioned in the statement. Everthing is in the dark. The Government says, no, this is not the time to take a decision. I can agree. Now the doctors may or may riot agree to |Government's contention that they have increased the number of posts in the higher administrative grade. But as I said, this was Hot their demand. That was liOt the recommendation of the Tikku Committee. Why should the Minister come with a statement saying that they are Increasing promotional posts from 6 to 12? Whom can he convince by such statement? He cannot convince angle Member of Parliament; he can't convince a single doctor; hte can convince the country. He eannot en convince himself because he knows that he is not in a strong position. I have sympathy with him. He knows his case is a bad case ....

SHRI N. K. P. SALVE: I agree with yon; he should not have gone.

SHRI N. E. BALARAM: While de. bating a serious issue in a serious manner, the Minister should have told us as to why he cannot implement the Tikku Committee recommendations and he should'have given reasons. I can understand his position. He is saying that he is prepared to take it to the Cabinet. It is good if he is prepared to take it to the Cabinet; but I don't know when will the Cabinet meet, because the Prime Minister is not there. It will be all the more better if we can solve the problem within a week. But you don't accuse the doctors. Doctors are not responsible for this strike. I am not saying that I am happy about the strike. I am not saying that doctors are any. way happy about this strike. They themselves say that they are not happy about it. But the point I want to make is whether the Gov. ernment is prepared to reexamine its decision and come out with a definite proposal. What I am suggesting is that the hon. Minister should give an assurance....

THE VICE-CHAIRMAN (SHRI BHASKAR ANNAJI MASODKAR): Let us listen to Mr. Balaram's say. Let us keep silence.

(The Oeputy Chairman in the Chair).

SHRI N. E. BALARAM: Madam, shall I continue?

THE DEPUTY CHAIRMAN: Mr. Balaram, if you want, you can continue. It is your absolute right. But for what we went in....

SHRI N. E. BALARAM: Just one minute.

THE DEPUTY CHAIRMAN: Please. you can. I have no objection.

SHRI N. E. BALARAM: Do you want to say anything.

THE DEPUTY CHAIRMAN: I don't want to say anything. I only want to say that if you want to say anything, you are free.

SHRl N. E. BALARAM: What I was trying to say here is that instead of leading the discussion in a proper way, posing the issues in a proper way and telling the difficulties of the Government to the Parliament in a proper way, the Minister was—I am sorry to say this—messy in the whole debate. He is a matured person. Sometimes he has to play that role. Did they ever ask for six more promotions for IAS posts? Who asked you? You had said in the report that you had given six more Additional Secretary's posts. Did any doctor ask you for that? Did any organisation demand such a thing? Why do you say that? The entire thing is that there should be some system to get them to higher levels. The second recommendation made by the Govern. ment was that there would be an all-India medical and health service. And when it comes, I will have my own opinion. That is a recommendation. What is the problem? Why don't you tell us? I understand that the Government could not agree. The Government could not give them IAS posts. You say that you will do them this thing and that. You treat them as if they are small boys. You try to divide. You know that within three or four days, you are going to "face a bigger crisis from the entire doctors' community in India including the teachers. They have made it clear that they would be going on another strike. We are all not happy about the strike. The doctors themselves are not happy about the strike. Please take the entire issue and the spirit of the discussion to the Cabinet and give us an assurance that you will r«view your own position. You Should review the whole thing once again. Then I think the doctors will understand. If the hon. Minister makes a statement here that he would review in the light of the debate, the doctors in the country will understand.

THE DEPUTY CHAIRMAN: Mr, Balaram, will you conclude even otherwise? I want to take the House into confidence. With the permission of the House, we had a discussion in the Chairman's chamber and the Members agreed that the strike of the doctors is causing a lot of misery to the people and I am sure to the doctors also because they are committed to serve the people. So it is causing them also misery to be go. ing on strike. In the light of it, the discussion we had in the House, the consensus and the sense of the House was that somehow there should be some negotiation that the strike should be withdrawn and some settlement, negotiation should take place. We discussed it in the House and in the Chamber and we have come to some agreement. I would request the hon. Minister that looking at the sense of the House and the people in the country, I am sure, Minister Sahib, you have something to say in that regard.

श्री जगदीश प्रसाद माथुर (उत्तर प्रदेश) : महोदय, मिनिस्टर इन्टरवीन कर रहे हैं या कंक्लूड कर रहे हैं?

उपसभापति : अभी एक मिनट रुकिये कालिंग अटेन्शन है।

Let us go step by step.

माथुर साहब बहुत सी चीजें सी में, रूल में होती हैं कितना आप कानून से चलते हैं। मामला गम्भीर है, खाली कालिंग अटेंशन का सवाल नहीं है। यह जो कालिंग लाया गया है यह क्यों लाया गया? यह इसलिए लाया गया क्योंकि हिन्दुस्तान में

There is misery in the country. Peo. pie are suffering. You are talking *ot* right of reply! Let us know what the Minister is offering.

उपसभापती

कालिंग अटेंशन में राइट आफ रिप्लाई नहीं होता।

it is the Minister who has the right of reply and he is replying

अब आप मिनिस्टर साहब को सन्नाटे में सुनिये।

SHRI M. L. FOTEDAR: Madam Beputy Chairman, as I said already, our approach, to the problem is very constructive and we look into the problem with fair-mindedness. I do not want to mention any of the points which the hon. Members have made. But I would like to make an appeal, through you, Madam, that all the demands of the striking doctors will be looked into and discussed sympathetically, with an open mind.

SHRI P- UPENDRA: "All" under. lined.

SHRI M. L. FOTEDAR: I can assure this House that there will be no victimisation against the striking doctors.

THE DEPUTY CHAIRMAN: That is very good.

. SHRI M. L. FOTEDAR: We have been only watching the situation so .star, either as silent observers, or, as observers having anguish. We have not acted so far. Nor do I have any intention to act against these people whp help us in mitigating human suffering.

So far, I have not made an appeal. I can say in the House that the Prime Minister also did not make an appeal. Somebody asked whether the Prime Minister made an appeal. The Prime Minister did not make an appeal. I also have not made any appeal. I saw the consensus in the House. In pursuance of that, I hope the House will join me in appealing to the striking doctors to immediately return to work so that I will be in a position to> call them 'for immediate discussion. I hope the House will join me in sending this signal to the striking doctors so that they come back to work forthwith.

THE DEPUTY CHAIRMAN: I feel this is a very good beginning. It is a good message going from this House. It is good that the Minister has come forward, seeing the consensus in the House. The consensus in the House is because Members feel about the suffering of the people and also of the doctors. Keeping everything in mind, the Minister, the Govemment, is coming forward. I think we should all support it, unanimously. Let this signal go to the doctors to withdraw the strike and come back to work so that negotiations can start. Otherwise, how to start negotiation? Is it agreed to?

HON. MEMBERS: Yes.

THE DEPUTY CHAIRMAN: Now, we take up the next Business.

STATUTORY RESOLUTION SEEKING APPROVAL OF PRESIDENT'S PROCLAMATION UNDER ARTICLE 356 OF THE CONSTITUTION IN RELATION TO MEGHALAYA AND MOTION FOR REVOCATION OF THE PROCLAMATION—Contd.

SHRI V. NARAYANASAMY (Pondicherry): Madam, I rise to support the Statutory Resolution moved by the hon. Home Minister and oppose the Motion moved by Shri Mathurji and hon. Shri Swell. I am very happy that the senior Member, hon. Swell, did not attribute anything to the act of the Governor. He said that the Governor had acted without any bias.